

**McDonnell Douglas Corporation**

OII Database Challenge

26 September 1989

## POTENTIAL "LOW VOLUME ERRORS".

A)

| BATES # | WQUANT | WUNIT | WCALCV | DEFAULT VOLUME | CHALLENGE VOLUME |
|---------|--------|-------|--------|----------------|------------------|
| 14648   | 1000   | gal   | 1000   | 4200           | 1000             |
| 14734   | 20     | bbl   | 840    | 4200           | 840              |

The records listed above were identified as potential "low volume" errors. Each was inappropriately assigned a default volume of 4200 gallons.

The corresponding manifests, which are located in Appendix A, list the challenge volumes (1000 and 840 gallons respectively) in both the generator and TSDF sections of the documents. In view of this corroborating evidence, the manifested waste quantities should be used in place of the default volume.

B)

| BATES # | WQUANT | WUNIT | WCALCV | DEFAULT VOLUME | CHALLENGE VOLUME |
|---------|--------|-------|--------|----------------|------------------|
| 14135   | 1000   | gal   | 1000   | 4200           | 1000             |
| 14209   | 20     | bbl   | 840    | 4200           | 840              |
| 14315   | 20     | bbl   | 840    | 4200           | 840              |
| 14418   | 20     | bbl   | 840    | 4200           | 840              |
| 14486   | 1000   | gal   | 1000   | 4200           | 1000             |
| 14580   | 20     | bbl   | 840    | 4200           | 840              |

The records listed above were identified as potential "low volume" errors. Each was inappropriately assigned a default volume of 4200 gallons.

The corresponding manifests (Appendix A) clearly list the waste volume in the generator section of the documents. In establishing the ALS database, precedence was given to information recorded in the generator section of the manifest. In the absence of evidence which contradicts the generator information, no change to the originally recorded information should be made. This includes the use of a default volume in place of the generator waste volume.

As evidence to support the claim that the use of the default volume for these records is inappropriate the hauler section of the manifests are highlighted which indicate that the vehicles performing the transfers were 50 and 60 barrel vacuum trucks which are incapable of holding a volume equal to the default volume of 4200 gallons.

For these reasons, the manifested waste quantities should be used in place of the default volume.

## POTENTIAL "LOW VOLUME ERRORS" (CONTINUED)

C)

| <u>BATES #</u> | <u>WQUANT</u> | <u>WUNIT</u> | <u>WCALCV</u> | <u>DEFAULT VOLUME</u> | <u>CHALLENGE VOLUME</u> |
|----------------|---------------|--------------|---------------|-----------------------|-------------------------|
| 14324          | 20            | bbl          | 840           | 4200                  | 840                     |
| 14649          | 20            | bbl          | 840           | 4200                  | 840                     |
| 14992          | 20            | bbl          | 840           | 4200                  | 840                     |
| 14359          | 20            | bbl          | 840           | 4200                  | 840                     |
| 14472          | 200           | gal          | 200           | 4200                  | 200                     |

The records listed above were identified as potential "low volume" errors. Each was assigned a default volume of 4200 gallons.

The corresponding manifests in Appendix A clearly list the waste volume in the generator section of the documents. In establishing the ALS database, precedence was given to information recorded in the generator section of the manifest. In the absence of evidence which contradicts the generator information, no change to the originally recorded information should be made. This includes the use of a default volume in place of the generator waste volume.

In view of the precedence given to the information recorded in the generator section, the lack of contradictory evidence on the original records, and the reasonable waste volumes recorded by the generator we request that the manifested waste quantities be used in place of the default volume.

In addition, the manifest with Bates #14472 (Appendix A) is the only record in the current database from an MDC facility located at 5301 Bolsa Avenue in Huntington Beach. The appropriate location-specific default volume for this record is therefore the manifested waste quantity of 200 gallons, not the overall McDonnell Douglas default volume of 4200 gallons.

## ZERO VOLUME ERRORS

| A)<br>BATES # | CONT<br>NUM | CONT<br>TYPE | WCALCV | DEFAULT<br>VOLUME | CHALLENGE<br>VOLUME |
|---------------|-------------|--------------|--------|-------------------|---------------------|
| 13574         | 16          | drum         | 00     | 4200              | 880                 |
| 13575         | 37          | drum         | 00     | 4200              | 2035                |
| 13578         | 49          | drum         | 00     | 4200              | 2695                |
| 13707         | 30          | drum         | 00     | 4200              | 1650                |

The records listed above were identified as zero volume errors. Each was incorrectly assigned the default volume of 4200 gallons.

A review of the corresponding liquid waste hauler records located in Appendix A indicate that the waste volume was clearly filled out in the generator section. The waste was shipped via flatbed trucks in 55-gallon drums. The number and type of containers (CONT NUM & CONT TYPE) was clearly recorded on the waste hauler records as indicated above.

The "zero volume" error resulted from the use by ALS of "bulk volume" information in calculating WCALCV. Since these were not bulk shipments, but rather shipments of drums, the bulk volume section of the liquid waste hauler records were left blank by the generator.

For this reason the challenge volumes which equate to the cumulative volume of all containers in the load should be used in place of the default volume of 4200 gallons.

| B)<br>BATES # | WQUANT | PLAUSIBLE<br>WUNIT | WCALCV | DEFAULT<br>VOLUME | CHALLENGE<br>VOLUME |
|---------------|--------|--------------------|--------|-------------------|---------------------|
| 13596         | 50     | bbl                | 00     | 4200              | 2100                |
| 13625         | 4000   | gal                | 00     | 4200              | 4000                |
| 14050         | 70     | bbl                | 00     | 4200              | 2940                |
| 14293         | 25     | bbl                | 00     | 4200              | 1050                |
| 14866         | 40     | bbl                | 00     | 4200              | 1680                |

The records listed above were identified as zero volume errors. The waste unit (WUNIT) was not entered into the database either because the field was left blank on the original manifest, or more than one waste unit was recorded (e.g. both barrels and gallons checked). This resulted in a waste volume calculation (WCALCV) of zero.

Information from each of the corresponding manifests (Appendix A) was correctly recorded in the WQUANT field, as indicated above. A list of the most probable waste units which correspond to each of the manifested quantities is given above. The challenge volumes were then calculated using the manifested waste quantity and the most probable corresponding units.

The use of the challenge volume in place of the default volumes is felt to be more appropriate since precedence has been given to information recorded

B) CONT'D

in the generator section of the manifest. As further evidence that use of the default volume is inappropriate, the Liquid Waste Hauler Record with Bates #14293 (Appendix A) indicates that the haul was accomplished via a 50 bbl vacuum truck which is incapable of containing the default volume.

Additionally, the waste hauler record with Bates #14050 (Appendix A) had waste units of both gallons and barrels checked. However, the quantity of 4000 was stricken and a quantity of 70 inserted resulting in deletion of a quantity consistent with gallons and insertion of a quantity consistent with waste units of barrels. Thus the generator clearly intended to indicate a 70 bbl shipment. Finally, with respect to the manifest with Bates #14866 the insertion of a quantity of 40 on the same line as waste units of bbls is a positive indication that the shipment was indeed 40 bbls.

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## HIGH SIDE ERRORS

A)

| BATES # | WQUANT | WUNIT | HAUL TRIP | WCALCV | CHALLENGE VOLUME |
|---------|--------|-------|-----------|--------|------------------|
| 13508   | 100    | bbl   | 2         | 8400   | 4200             |

The waste volume (WCALCV) of 8400 gallons was calculated by ALS as the product of waste quantity (100 barrels) and number of trips (2). The information recorded in the hauler section of the subject Liquid Waste Hauler Record (Appendix A) indicates that the waste transfer was accomplished in two trips via a 50 barrel vacuum truck. Therefore, the maximum quantity of waste transported and disposed of was 100 barrels (2 trips x 50bbl). This agrees with the bulk volume recorded in the generator section of the record.

The challenge volume of 4200 gallons should therefore replace the 8400 gallon WCALCV currently in the database.

B)

| BATES # | WQUANT | WUNIT | WCALCV | CHALLENGE VOLUME |
|---------|--------|-------|--------|------------------|
| 14932   | 4200   | bbl   | 176400 | 4200             |

In the data entry process, the incorrect waste unit (WUNIT) of barrels was assigned to this record by the data entry clerk. As indicated on the corresponding manifest (Appendix A), the waste unit recorded by the generator was gallons.

The challenge volume of 4200 gallons should therefore replace the 176400 gallon WCALCV currently in the database.

C)

| BATES # | WQUANT | WUNIT | WCALCV | CHALLENGE VOLUME |
|---------|--------|-------|--------|------------------|
| 14781   | 4200   | bbl   | 176400 | 4200             |
| 14827   | 4200   | bbl   | 176400 | 4200             |
| 14830   | 4200   | bbl   | 176400 | 4200             |
| 14834   | 4200   | bbl   | 176400 | 4200             |
| 14837   | 4200   | bbl   | 176400 | 4200             |
| 14929   | 4200   | bbl   | 176400 | 4200             |

The records listed above include inaccurate WCALCV (calculated waste volumes). These obviously resulted from the generator assigning

C) CONT'D

inappropriate units (i.e. barrels) to the waste quantity of 4200. The quantity actually shipped was 4200 gallons.

In support of this claim it is noted that all manifests (Appendix A) were for single trips, and loads were shipped via tank trucks which are incapable of carrying 176400 gallons of waste. For this reason, the challenge volume of 4200 gallons should replace the 176400 gallon WCALCV currently in the database.

Additionally, the waste manifest with Bates #14929 (Appendix A) appears to have the waste units of gallons (GALS) marked as opposed to barrels (BBLS). The manifests with Bates #14827 and #14837 (Appendix A) have waste volumes of 100 barrels recorded in the TSD Facility section of the manifests.

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## ERRORS OF OMISSION

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| BATES # | WQUANT | WUNIT | WCALCV | CHALLENGE VOLUME |
|---------|--------|-------|--------|------------------|
| 14389   | 4200   | gal   | 4200   | N/A              |
| 14523   | 4200   | gal   | 4200   | N/A              |
| 14506   | 4200   | gal   | 4200   | N/A              |
| 14528   | 4200   | gal   | 4200   | N/A              |
| 14358   | 55     | bbl   | 2310   | N/A              |
| 14395   | 100    | bbl   | 4200   | N/A              |
| 14536   | 100    | bbl   | 4200   | N/A              |
| 14505   | 100    | bbl   | 4200   | N/A              |
| 14651   | 4200   | gal   | 4200   | N/A              |
| 14665   | 4200   | gal   | 4200   | N/A              |
| 14814   | 100    | bbl   | 4200   | N/A              |
| 14892   | 4200   | bbl   | 176400 | 4200             |
| 14913   | 100    | bbl   | 4200   | N/A              |
| 14978   | 4200   | gal   | 4200   | N/A              |

The 14 records listed above were omitted from the McDonnell Douglas Corporation database and incorrectly assigned to the Douglas Oil Company. The corresponding manifests are located in Appendix B.

The only waste volume which is being challenged is for the manifest with Bates #14892. In the data entry process, the incorrect waste unit (WUNIT) of barrels was assigned to this record by the data entry clerk. As indicated on the corresponding manifest (Appendix B), the waste unit recorded by the generator was gallons (GALS), not barrels (BBLS). The challenge volume of 4200 gallons should therefore replace the 176400 gallon WCALCV for this record.

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## **APPENDIX A**

146-18

## CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for instructions.

Please type or print clearly.

GENERATOR (Generator Must Complete)

State Department of Health Services

HAZARDOUS MATERIALS MANAGEMENT SECTION

744 P Street, Sacramento, CA 95814-2600

(1) Manifest Number 227-020667

(3) Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Operating Facility

|                  |                      |                               |              |
|------------------|----------------------|-------------------------------|--------------|
| EPN NO.          | CAD050806850         | EPN NO.                       | CAD050806850 |
| Address          | 901 4th Street       | Phone No.                     | 3087341      |
| City, State, Zip | Sacramento, CA 95814 |                               |              |
| WASTE NAME       | Multilevel           | U.S. DOT PROPER SHIPPING NAME | Multilevel   |
| WASTE            |                      | HAZARD CLASS                  | N/A          |

(6) WASTE CATEGORY 70

LIST COMPONENTS:

- (8) A. Hand  10% ppm.  
 B. Liquid  80% ppm.  
 C.  0% ppm.  
 D.  0% ppm.  
 E.  0% ppm.  
 F.  0% ppm.  
 G.  0% ppm.

(10) WASTE PROPERTIES: pH 6

(11) PHYSICAL STATE:  Solid  Liquid  Sludge(12) SPECIAL HANDLING INSTRUCTIONS:  Gloves  Goggles  Respirator  Other None

(7) EX. HAZ. WASTE PERMIT NO.

| CONC. RANGE<br>UPPER | CONC. RANGE<br>LOWER | UNITS  | UNITS  |
|----------------------|----------------------|--------|--------|
| 80                   | 10                   | % ppm. | % ppm. |
| 90                   | 80                   | % ppm. | % ppm. |
| —                    | —                    | % ppm. | % ppm. |
| —                    | —                    | % ppm. | % ppm. |
| —                    | —                    | % ppm. | % ppm. |

- (9) GENERATING PROCESS  Incineration  
 Landfill  
 Other  
 (13) SIGNATURE OF AUTHORIZED AGENT AND TITLE *Micheal Tipton*
- (14) TRANSPORTER (HAULER MUST COMPLETE)  
 NAME *John Miller* OIL PROCESS CO., INC.  
 EPA NO. CAD050806850  
 ADDRESS 5758 Alba Street PHONE NO. (213) 585-6083  
 CITY, STATE, ZIP Los Angeles, California 90058
- (15) TSD FACILITY (FACILITY OPERATOR MUST COMPLETE)  
 NAME *John Miller* QUANTITY (If Measured) 17451  
 EPA NO. CAD050806850  
 PHONE NO. 5758 Alba Street

- (16) HANDLING OR DISPOSAL METHOD:  Landfill  
 Surface Impoundment  
 Injection Well  
 Treatment (Specify) \_\_\_\_\_  
 Recovery or Reuse  
 Storage/Transfer

(17) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:  
 (18) QUANTITY (If Measured) 17451  
 (19) STATE FEE (If Any) 020667

(20) IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:  
 (21) SIGNATURE OF AUTHORIZED AGENT AND TITLE *John Miller*

(22) DATE ACCEPTED *5-4-81*

(23) SIGNATURE OF AUTHORIZED AGENT AND TITLE *John Miller*

(24) DATE ACCEPTED *5-4-81*

(25) SIGNATURE OF AUTHORIZED AGENT AND TITLE *John Miller*

(26) DATE ACCEPTED *5-4-81*

(27) SIGNATURE OF AUTHORIZED AGENT AND TITLE *John Miller*

(28) DATE ACCEPTED *5-4-81*

(29) SIGNATURE OF AUTHORIZED AGENT AND TITLE *John Miller*

(30) DATE ACCEPTED *5-4-81*

(31) SIGNATURE OF AUTHORIZED AGENT AND TITLE *John Miller*

(32) DATE ACCEPTED *5-4-81*

(33) SIGNATURE OF AUTHORIZED AGENT AND TITLE *John Miller*

(34) DATE ACCEPTED *5-4-81*

(35) SIGNATURE OF AUTHORIZED AGENT AND TITLE *John Miller*

(36) DATE ACCEPTED *5-4-81*

(37) SIGNATURE OF AUTHORIZED AGENT AND TITLE *John Miller*

(38) DATE ACCEPTED *5-4-81*

(39) SIGNATURE OF AUTHORIZED AGENT AND TITLE *John Miller*

(40) DATE ACCEPTED *5-4-81*

2P911

**CALIFORNIA HAZARDOUS WASTE MANIFEST**

See reverse side for Instructions.  
Please type or print clearly. Press Hard.

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

**GENERATOR** (Generator Must Complete)

(2) Name Douglas Aircraft  
EPA NO. CA 11731-001-00  
Address 190th Normandie Phone No. 1000 510003  
City, State, Zip Torrance, CA

(3) Designated TSD Facility (Authorized to operate under an approved state program or federal program)  
Operating Industries

Name Operating Industries  
EPA NO. CA 11731-001-00  
Address 900 Portencor Circle  
City, State, Zip Montgomery Park, CA

| U.S. DOT PROPER SHIPPING NAME | U.A. DOT HAZARD CLASS | UN/NA ID NO. | WEIGHT OR VOLUME | UNITS | CONTAINERS NUMBER:   |
|-------------------------------|-----------------------|--------------|------------------|-------|--|
| WASTE                         | NON                   |              | 20 GALLS         |       | <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS<br><input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK<br><input type="checkbox"/> OTHER |

(6) WASTE CATEGORY 71

(7) LIST COMPONENTS:  
A. Mud CONC. RANGE  
B. Water UPPER LOWER  
C. \_\_\_\_\_  
D. \_\_\_\_\_  
E. \_\_\_\_\_  
F. \_\_\_\_\_  
G. \_\_\_\_\_

(8) EX. HAZ. WASTE PERMIT NO. 3-18504

(9) WASTE PROPERTIES: PH 7 CONC. RANGE  
TOXIC  LIQUID  Sludge  Corrosive/Irritant  
SOLID  GASEOUS  Slurry  Other  Reactive  
FLAMMABLE  GOGGLES  Respirator  Sanitizer  
OTHER  NAME  Carcinogen/Mutagen

(10) PHYSICAL STATE:  Solid  Liquid  Sludge  Gas(11) SPECIAL HANDLING INSTRUCTIONS:  Gloves  Goggles  Respirator  Other(12) OTHER  NAME

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

**TRANSPORTER** (HAULER MUST COMPLETE)

(14) NAME OIL PROCESS CO.  
EPA NO. CA 050806850  
ADDRESS 6766 Alba Street PHONE NO. (213) 585-5063  
CITY, STATE, ZIP Los Angeles, California 90068

**TSD FACILITY** (FACILITY-OPERATOR MUST COMPLETE)

(17) NAME Operating Industries QUANTITY (If Measured) 20 BARRELS  
EPA NO. CA 11731-001-00 19 STATE FEE (If Any) \_\_\_\_\_  
PHONE NO. \_\_\_\_\_

(20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:  
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

(22) NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_

(1) Manifest: 227-021982  
Number: \_\_\_\_\_

**④ Alternate TSD Facility**

Name \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

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EPA NO. \_\_\_\_\_  
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## CALIFORNIA LIQUID WASTE HAULER REGISTRATION

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

227-009262

## USER OF WASTE (Must be filled by producer)

McDonald - Dowell  
P.O. Box 74502 S. Normandie  
One Number: 443-55711  
Placed By: McDonald

Produced Waste: Process wash tanks  
(Example: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

## Type of waste:

- Acid solution
- Alkaline solution
- Pesticides
- Paint sludge
- Solvent
- Tetraethyl lead sludge
- Chemical toilet wastes
- Tank bottom sediment
- Oil
- Drilling mud
- Contaminated soil and sand
- Canning waste
- Latex waste
- Mud and water
- Brine

## or (Specify) \_\_\_\_\_

Inerts: Hydrochloric acid, lime, caustic soda, Ics, solvents (list), metals (list), salts, cyanides

1st tier  
Tnudge

## Properties of Waste:

- none
- toxic
- flammable
- corrosive
- explosive

Volume: 1,000  gal  tons  barrels (42 gal)  other \_\_\_\_\_  
Number: NA.  drums  cartons  bags  other \_\_\_\_\_  
State:  solid  liquid  sludge  other \_\_\_\_\_  
Handling Instructions (if any): NONE

Site is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature: 

Date: 7-13-79

Signature of Authorized Agent and Title: \_\_\_\_\_

The site operator shall submit a legible copy of each completed Report to the State Department of Health with monthly fee reports.

Disposal Date: 7-13-79

Signature of Authorized Agent and Title: \_\_\_\_\_

Site is held for disposal elsewhere (specify location): \_\_\_\_\_

Quantity measured at site (if applicable): \_\_\_\_\_

Handling Method(s): \_\_\_\_\_

or recovery

treatment (specify): \_\_\_\_\_

disposal (specify):  pond  spreading  landfill  injection well

other (specify): \_\_\_\_\_

Code No.: \_\_\_\_\_

## HAULER OF WASTE (Must be filled by hauler)

## OIL PROCESS CO.

5756 Alba Street, Los Angeles, California 90058

Phone: (213) 585-5063

CODE NO. \_\_\_\_\_

Job No.: 9257 No. of Loads or Trips: 227 Unit No: 13

Vehicle:  vacuum truck  flatbed,  other (specify) \_\_\_\_\_

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature: Roger J. Dafford, Sr. Signature of authorized agent and title: \_\_\_\_\_

Date: 7-13-79

Signature of authorized agent and title: \_\_\_\_\_

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Signature of authorized agent and title: \_\_\_\_\_

Date: 7-13-79

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name: \_\_\_\_\_

BOE-C6-0119737

## CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD

STATE DEPARTMENT OF HEALTH

## PRODUCER OF WASTE (Must be filled by producer)

Name Douglas Aircraft Company Pick up Address 1000 E. Alameda Street Telephone Number: (213) 585-5063 Order Placed By: PO or Contract No. Date 1-15-79

Type of Process which Produced Waste: Waste water

(Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, dicting heat, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

## Check type of wastes:

- |  |  |                                     |                                       |                                  |   |   |   |                              |                                       |   |  |                                      |   |                                |
|--|--|-------------------------------------|---------------------------------------|----------------------------------|---|---|---|------------------------------|---------------------------------------|---|--|--------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Acid solution | <input type="checkbox"/> Alkaline solution | <input type="checkbox"/> Pesticides | <input type="checkbox"/> Paint sludge | <input type="checkbox"/> Solvent | <input type="checkbox"/> Tetraethyl lead sludge | <input type="checkbox"/> Chemical toilet wastes | <input type="checkbox"/> Tank bottom sediment | <input type="checkbox"/> Oil | <input type="checkbox"/> Drilling mud | <input type="checkbox"/> Contaminated soil and sand | <input type="checkbox"/> Cannery waste | <input type="checkbox"/> Latex waste | <input checked="" type="checkbox"/> Mud and water | <input type="checkbox"/> Brine |
|--|--|-------------------------------------|---------------------------------------|----------------------------------|---|---|---|------------------------------|---------------------------------------|---|--|--------------------------------------|---|--------------------------------|

## Other (Specify)

Components:  
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

1. Waste water 40  
2. WATER 60

## Hazardous Properties of Waste:

pH 6  flammable  corrosive  explosive

Bulk Volume: 20  gel  tons  barrels  25 gal.)  other \_\_\_\_\_

Containers: drums  cartons  bags  other \_\_\_\_\_

Physical State:  solid  liquid  sludge  other \_\_\_\_\_

Special Handling Instructions (if any): No All

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).  
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

R.D. Porter  
Signature of Authorized Agent and Title

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name \_\_\_\_\_

DODGE STATE MDP

227-010937

|   |   |
|---|---|
| HAULER OF WASTE (Must be filled by hauler)  |   |
| <b>OIL PROCESS CO.</b>  |   |
| 5756 Alba Street, Los Angeles, California 900058  |   |
| Phone: (213) 585-5063   |   |
| Date  | 9-15-79   |
| Pick Up Time  | 7:30 AM   |
| Job No.   | 10360   |
| No. of Loads or Trips:  | 1   |
| Vehicle:  | Vacuum truck  |
| 50  | barrels, <input type="checkbox"/> flatbed, <input type="checkbox"/> other _____ |
| (specify)   |   |
| The described waste was hauled by me to the disposal facility named below and was accepted.   |   |
| I certify (or declare) under penalty of perjury that the foregoing is true and correct.   |   |
| <u>Douglas Aircraft Company</u>   |   |
| SIGNATURE OF AUTHORIZED AGENT AND TITLE   |   |
| Name (print or type): <u>Robert A. Miller</u>   |   |
| Site Address: _____   |   |
| The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWACB requirements, State Department of Health regulations, and local restrictions. |   |
| Quantity measured at site (if applicable): _____  |   |
| Handling Method(s):   |   |
| <input type="checkbox"/> recovery   |   |
| <input type="checkbox"/> treatment (specify): _____   |   |
| <input type="checkbox"/> disposal (specify): <input type="checkbox"/> pond <input type="checkbox"/> spreading <input type="checkbox"/> landfill <input type="checkbox"/> injection well                           |   |
| If waste is held (if applicable) specify final location: _____  |   |
| Disposal Date: <u>9-15-79</u>   |   |
| I certify (or declare) under penalty of perjury that the foregoing is true and correct.   |   |
| <u>Robert A. Miller</u>   |   |
| SIGNATURE OF AUTHORIZED AGENT AND TITLE   |   |
| The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.  |   |

enited December 1974

## CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

11345

## PRODUCER OF WASTE (Must be filled by producer)

Name Douglas Direct  
Pick up Address: 60th & Normandie  
Telephone Number: (213) 585-5063 P.O. or Contract No.Order Placed By: S. Plaza Date: 12-8-78

## Type of Process which Produced Wastes:

Actual Deburring

(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, picking bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

## Check type of wastes:

1.  Acid solution
2.  Alkaline solution
3.  Pesticides
4.  Paint sludge
5.  Solvent
6.  Tetraethyl lead sludge
7.  Chemical toilet wastes
8.  Tank bottom sediment
9.  Oil
10.  Drilling mud
11.  Contaminated soil and sand
12.  Cannerery waste
13.  Latex waste
14.  Mud and water
15.  Brine

## Other (Specify)

Components:  
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

CODE NO.

Handling Method(s):

Concentration: % Lower ppm

Treatment (Specify):

Disposal (Specify):

Other (Specify):

If waste is held for disposal elsewhere, specify final location:

Disposal Date:

State fee (if any):

## CALIFORNIA LIQUID WASTE HAZARDOUS WASTE

14118

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

227-14237

## PRODUCER OF WASTE (Must be filled by producer)

Name 14118  
Pick up Address: 140-100th & Highland Ave  
Telephone Number: (408) 265-5063  
Order Placed By: S. J. M.

## OIL PROCESS CO.

5756 Alba Street, Los Angeles, California 90058  
Phone: (213) 585-5063

## HAULER OF WASTE (Must be filled by hauler)

Name 14118  
Job No.: 14118  
Vehicle: VACUUM TRUCKState Liquid Waste Hauler's Registration No. (if applicable):  
227Type of Process Which Produced Waste: Equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining

## DESCRIPTION OF WASTE (Must be filled by producer)

Check type of waste:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Acid solution     | <input type="checkbox"/> Tetrachethyl lead sludge | <input type="checkbox"/> Contaminated soil and sand |
| <input type="checkbox"/> Alkaline solution | <input type="checkbox"/> Chemical toilet wastes   | <input type="checkbox"/> Gentry waste               |
| <input type="checkbox"/> Pesticides        | <input type="checkbox"/> Tank bottom sediment     | <input type="checkbox"/> Latex waste                |
| <input type="checkbox"/> Paint sludge      | <input type="checkbox"/> Oil                      | <input checked="" type="checkbox"/> Mud and water   |
| <input type="checkbox"/> Solvent           | <input type="checkbox"/> Drilling mud             | <input type="checkbox"/> Brine                      |

 Other (specify):

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanides)

1. Drinker  
2. Drinker  
3. 5  
4. 5  
5. 5  
6. 5

Concentration: % Lower Upper ppm

 recovery  
 treatment (specify): pond  spreading  injection well  
 other (specify):

If waste is held for disposal, specify final location:

Dispose! Date: 8/17/74

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly ten reports.

## Hazardous Properties of Waste:

pH 2.0  flammable  explosivetoxic  corrosiveCorrosive Explosive Flammable Other Barrels Tons Gallons Other Speciey 

Speciey &lt;input type="

# CALIFORNIA LIQUID WASTE HAULER RECORD

14486:

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

Revised December 1974  
227-13702

PRODUCER OF WASTE (Must be filled by producer)

Name Douglas Aircraft Co. Case No. ██████████  
Print on 3655 LAKEWOOD BLVD - Long Beach Code No. ██████████  
Pick up Address: 3655 LAKEWOOD BLVD - Long Beach Dem. ██████████  
(City) Long Beach Phone: (1213) 585-5063  
Telephone Number: 813-593-3083 P.O. or Contract No.: PSG/S16-095C

Order Placed By: J. E. STRANG

Date: 6-26-80

Type of Producer: ANTI-FREEZE Case No. ██████████  
which Produced Waste: ANTI-FREEZE (Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- Acid solution
- Alkaline solution
- Pesticides
- Paint sludge
- Solvent
- Tetraethyl lead sludge
- Chemical toilet wastes
- Tank bottom sediment
- Oil
- Drilling mud
- Contaminated soil and sand
- Cannery waste
- Latex waste
- Mud and water
- Brine

Other (Specify) PolyEco - Anti-Freeze Case No. ██████████  
Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), materials (list), organics (list), cyanide)

Hazardous Properties of Waste:

pH 7  none  toxic  flammable  corrosive  explosive

Bulk Volume: 1000  gal  ton  barrel (42 gal.)  other \_\_\_\_\_

Containers: 1-LOND  drums  cartons  bags  other LAC  LAF CIE T

Physical State:

solid  liquid  sludge  other specify \_\_\_\_\_

Special Handling Instructions (if any):

No No

HAULER OF WASTE (Must be filled by hauler)

OIL PROCESS CO.

6766 Alba Street, Los Angeles, California 90058  
Phone: (1213) 585-5063

Pick Up: 6-26-80 Time: 227 Dem. ██████████

Unit No. 1 Date: 6-26-80 Firm: ██████████

Job No. 13908 N.R. Loads or Trips: 1 Other ██████████

Vehicle:  vacuum truck  flatbed.  other ██████████

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Joe Palae  
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by hauler)

2425 So. Garfield Ave.

Monterey Park, Calif. 91754 Case No. ██████████

Site Address: \_\_\_\_\_

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): \_\_\_\_\_

State fee (if any): \_\_\_\_\_

Handling Method(s): \_\_\_\_\_

recovery

treatment (specify): Incineration, Neutralization, Precipitation Code No. ██████████

disposal (specify):  pond  spreading  landfill  injection well

other (specify): ██████████ Code No. ██████████

If waste is held for disposal elsewhere specify final location: ██████████

Disposal Date: 6-25-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Joe Palae  
SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed record to the State Department of Health with monthly fee reports.

Joe Palae  
SIGNATURE OF AUTHORIZED AGENT AND TITLE

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (1213) 585-5063

D.O.T. Proper Shipping Name: ██████████

SIGNATURE OF AUTHORIZED AGENT AND TITLE

DEP. NO. 2-1 OCT-9

SIGNATURE OF AUTHORIZED AGENT AND TITLE

STATE NAME: ██████████

STATE FIRM: ██████████

STATE CITY: ██████████

STATE STATE: ██████████

STATE ZIP: ██████████

STATE COUNTRY: ██████████

STATE CODE: ██████████

STATE TEL: ██████████

STATE FAX: ██████████

STATE E-MAIL: ██████████

STATE WEB: ██████████

STATE URL: ██████████

STATE ADDRESS: ██████████

STATE CITY: ██████████

STATE STATE: ██████████

STATE ZIP: ██████████

STATE COUNTRY: ██████████

STATE CODE: ██████████

STATE TEL: ██████████

STATE FAX: ██████████

STATE E-MAIL: ██████████

STATE URL: ██████████

STATE WEB: ██████████

STATE NAME: ██████████

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable). I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Joe Palae  
SIGNATURE OF AUTHORIZED AGENT AND TITLE

# CALIFORNIA LIQUID WASTE HAULER RECORD

Revised December 1974

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

14550

227- 15171

**PRODUCER OF WASTE** (Must be filled by producer)

Name: 100615 44277

Pick up Address: 12074 Almond Number

Telephone Number: 51418 Contract No.

Order Placed By: MIC

Type of Process which Produced Waste: Paint

Description of Waste: Paint

(Example: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

**DESCRIPTION OF WASTE** (Must be filled by producer)

Check type of waste:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Acid solution     | <input type="checkbox"/> Tetrachethyl lead sludge | <input type="checkbox"/> Contaminated soil and sand |
| <input type="checkbox"/> Alkaline solution | <input type="checkbox"/> Chemical toilet wastes   | <input type="checkbox"/> Cemetery waste             |
| <input type="checkbox"/> Pesticides        | <input type="checkbox"/> Tank bottom sediment     | <input type="checkbox"/> Latex paint                |
| <input type="checkbox"/> Paint sludge      | <input type="checkbox"/> Oil                      | <input type="checkbox"/> Mud and water              |
| <input type="checkbox"/> Solvent           | <input type="checkbox"/> Drilling mud             | <input type="checkbox"/> Brine                      |

Other (Specify) \_\_\_\_\_

Components: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide

1. MUD 2 ppm

2. WATER 98 ppm

3.      

4.      

5.      

6.      

7.      

8.      

9.      

10.      

11.      

12.      

13.      

14.      

15.      

16.      

17.      

18.      

19.      

20.      

21.      

22.      

23.      

24.      

25.      

26.      

27.      

| HAULER OF WASTE (Must be filled by hauler)  |  |  |
|---|--|--|
| <b>OIL PROCESS CO.</b><br>5758 Alba Street, Los Angeles, California 90058<br>Phone: (213) 585-5053  |  |  |
| Code No.:   | 10-18-80   | Time: _____<br>Date: _____   |
| Job No.:  | 15175  | No. of Loads or Trips: <u>1</u> Unit No. <u>12</u>                     |
| Vehicle:  | <input checked="" type="checkbox"/> Vacuum truck   | <input type="checkbox"/> flatbed, <input type="checkbox"/> other _____ |
| The described waste was hauled by me to the disposal facility named below and was accepted.   |  |  |
| I certify (or declare) under penalty of perjury that the foregoing is true and correct.   |  |  |
| <b>DISPOSER OF WASTE</b> (Must be filled by authorized agent and title)   |  |  |
| <b>INDUSTRIES, INC.</b><br>2425 So. Cypressfield Ave.<br>Site Address: _____  |  |  |
| Name (print or type): <u>F. Myers</u>   |  |  |
| Signature of AUTHORIZED AGENT AND TITLE   |  |  |
| The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWACBS requirements, State Department of Health regulations, and local restrictions.  |  |  |
| Quantity measured at site (if applicable): _____<br>Code No.: _____   |  |  |
| Handling Method(s):<br><input type="checkbox"/> recovery<br><input type="checkbox"/> treatment (specify): _____<br><input type="checkbox"/> disposal (specify): <input type="checkbox"/> pond <input type="checkbox"/> spreading <input type="checkbox"/> landfill <input type="checkbox"/> injection well<br><input type="checkbox"/> other (specify): _____ |  |  |
| If waste is held for disposal off-site, give location: _____<br>Code No.: _____   |  |  |
| Disposal Date: _____  |  |  |
| I certify (or declare) under penalty of perjury that the foregoing is true and correct.   |  |  |
| <b>Hazardous Properties of Waste:</b><br>PH: <u>8</u> <input type="checkbox"/> none <input type="checkbox"/> toxic <input type="checkbox"/> flammable <input type="checkbox"/> explosive <input type="checkbox"/> corrosive   |  |  |
| The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.  |  |  |
| Bulk Volume:  | <u>20</u> <input type="checkbox"/> tonne <input type="checkbox"/> barrel <input type="checkbox"/> 42 gal.)                                     | <input type="checkbox"/> other _____                                   |
| Containers:   | <input type="checkbox"/> drums <input type="checkbox"/> cartons <input type="checkbox"/> bags  | <input type="checkbox"/> other _____                                   |
| Physical State:   | <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> sludge <input type="checkbox"/> other _____ | <input type="checkbox"/> explosive                                     |
| Special Handling Instructions (if any): <u>None</u>   |  |  |
| The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).  |  |  |
| I certify (or declare) under penalty of perjury that the foregoing is true and correct.   |  |  |

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).  
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

J. O. Porter

## VALIRUNNA LIQUID WASTE HAULER KLUKU

11321

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

227-011397

## PRODUCER OF WASTE (Must be filled by producer)

Name: Douglas J. JACKIE [initials] 2P241 [ ] [ ] [ ]  
Tray or vessel: None CODE NO.:  Pick up Address: 400 S. Normandie [street] (city) 2565 16095 CH [ ]Telephone Number: ( ) P.O. or Contract No:  Order Placed By: SAME Date: 10-20-78Type of Process which Produced Wastes: Debarking machine CODE NO.:  

(Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

## Check type of wastes:

1.  Acid solution      6.  Tetrethyl lead sludge      11.  Contaminated soil and sand  
 2.  Alkaline solution      7.  Chemical toilet wastes      12.  Cemetery waste  
 3.  Pesticides      8.  Tank bottom sediment      13.  Liquid waste  
 4.  Paint sludge      9.  Oil      14.  Mud and water  
 5.  Solvent      10.  Drilling mud      15.  Brine

Other (Specify) WATER

## Components:

Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

Concentration: Upper Lower % ppm

|              |           |          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------|-----------|----------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <u>WATER</u> | <u>95</u> | <u>5</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|              |           |          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|              |           |          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|              |           |          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|              |           |          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |

## Hazardous Properties of Waste:

pH 9  None  toxic  flammable  corrosive  explosiveBulk Volume: 20  gal  tons  barrels (42 gal.)  other (SPECIFY)Containers: Drums  drums  cartons  bags  other (SPECIFY)Physical State:  solid  liquid  Sludge  other (SPECIFY)Special Handling Instructions (if any): None

he waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

certify (or declare) under penalty of perjury  
that the foregoing is true and correct.

BOE-C6-0119743

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
HAZARDOUS WASTE, OR OTHER MATERIALS CALL (800) 424 9300

D.O.T. Proper Shipping Name

SIGNATURE OF AUTHORIZED AGENT AND TITLE

OIL PROCESS CO.  
5756 Alba Street, Los Angeles, California 90058  
Phone: (213) 585-5063

## HAULER OF WASTE (Must be filled by hauler)

|  |  |                     |
|--|--|---------------------|
| Job No.: <u>10847</u>  | No. of Loads or Trips: <u>1</u>                                  | Unit No: <u>227</u> |
| Vehicle: <input checked="" type="checkbox"/> Vacuum truck  | <input type="checkbox"/> flatbed, <input type="checkbox"/> other | (specify) _____     |
| The described waste was hauled by me to the disposal facility named below and was accepted.  |  |                     |
| I certify (or declare) under penalty of perjury that the foregoing is true and correct.  |  |                     |
| <u>Perry L. Parker</u>   |  |                     |
| Signature of Authorized Agent and Title  |  |                     |
| DISPOSER OF WASTE (Must be filled by producer)   |  |                     |
| Name (print or type): <u>Monterey Park, Calif. 91754</u>   |  |                     |
| Site Address: _____  |  |                     |
| The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.                                  |  |                     |
| Quantity measured at site (if applicable): _____   |  |                     |
| Handling Method(s):  |  |                     |
| <input type="checkbox"/> recovery  |  |                     |
| <input type="checkbox"/> treatment (specify): _____  |  |                     |
| <input type="checkbox"/> disposal (specify): <input type="checkbox"/> pond <input type="checkbox"/> spreading <input checked="" type="checkbox"/> Landfill <input type="checkbox"/> Injection well <input type="checkbox"/> other (specify): _____ |  |                     |
| If waste is held for disposal elsewhere specify final location:  |  |                     |
| Disposal Date: <u>10-27-78</u>   |  |                     |
| I certify (or declare) under penalty of perjury that the foregoing is true and correct.  |  |                     |
| <u>Perry L. Parker</u>   |  |                     |
| Signature of Authorized Agent and Title  |  |                     |

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

Perry L. Parker

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
HAZARDOUS WASTE, OR OTHER MATERIALS CALL (800) 424 9300

D.O.T. Proper Shipping Name

SIGNATURE OF AUTHORIZED AGENT AND TITLE

OIL PROCESS CO.  
5756 Alba Street, Los Angeles, California 90058  
Phone: (213) 585-5063

|  |  |
|--|--|
| Item No.: <u> </u>   | Code No.: <u> </u>   |
| Pick Up Date: <u>10-20-78</u>  | Time: <u>10:00 AM</u>  |
| State Liquid Waste Hauler's Registration No. (if applicable): <u> </u>   | Item No.: <u> </u>   |
| Job No.: <u>10847</u>  | Unit No: <u>1</u>  |
| Vehicle: <input checked="" type="checkbox"/> Vacuum truck  | <input type="checkbox"/> flatbed, <input type="checkbox"/> other |
| (specify) _____  |  |
| The described waste was hauled by me to the disposal facility named below and was accepted.  |  |
| I certify (or declare) under penalty of perjury that the foregoing is true and correct.  |  |
| <u>Perry L. Parker</u>   |  |
| Signature of Authorized Agent and Title  |  |
| DISPOSER OF WASTE (Must be filled by producer)   |  |
| Name (print or type): <u>Monterey Park, Calif. 91754</u>   |  |
| Site Address: _____  |  |
| The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.                                  |  |
| Quantity measured at site (if applicable): _____   |  |
| Handling Method(s):  |  |
| <input type="checkbox"/> recovery  |  |
| <input type="checkbox"/> treatment (specify): _____  |  |
| <input type="checkbox"/> disposal (specify): <input type="checkbox"/> pond <input type="checkbox"/> spreading <input checked="" type="checkbox"/> Landfill <input type="checkbox"/> Injection well <input type="checkbox"/> other (specify): _____ |  |
| If waste is held for disposal elsewhere specify final location:  |  |
| Disposal Date: <u>10-27-78</u>   |  |
| I certify (or declare) under penalty of perjury that the foregoing is true and correct.  |  |
| <u>Perry L. Parker</u>   |  |
| Signature of Authorized Agent and Title  |  |



14NKA555

# CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services

HAZARDOUS MATERIALS MANAGEMENT SECTION

744 P Street, Sacramento, CA 95814

reverse side for instructions.  
se type or print clearly. Please Hard.

GENERATOR: (Generator Must Complete):

Name Douglas Alcock Co Name BKK LANDFILL

PA NO. CAD08610005 EPA NO. CAD067786749  
Address 19074 Normandie No. 533-NW Address 2810 S. Azusa Ave.  
WV. STATE, ZIP California CA 90522 City, State, Zip West Covina, CA 91793

5 U.S. DOT PROPER SHIPPING NAME HAZARD CLASS UN/NA ID NO. WEIGHT OR VOLUME UNITS  
WASTE TANK Waste Water Non Hazardous U.S.5 20 GALLONS CONTAINERS NUMBER: 1

WASTE Waste WATER Non Hazardous U.S.5 20 GALLONS TYPE:  DRUMS  CARTONS  
 TANK TRUCK  DUMP TRUCK  
 OTHER

6) WASTE CATEGORY 4D EX. HAZ. WASTE PERMIT NO. 320955 GENERATING PROCESS N/A

LIST COMPONENTS: RANGE CONC. LOWER UPPER UNITS

A. ALK  ppm. E. \_\_\_\_\_

B. WATER  ppm. F. \_\_\_\_\_

C. \_\_\_\_\_ G. \_\_\_\_\_

D. \_\_\_\_\_ Non Hazardous Material 100 \*

E.  Toxic  Flammable  Corrosive/Irritant  Reactive  Sensitizer  Carcinogen/Mutagen

F.  Liquid  Sludge  Slurry  Gas  Other  None

G.  Gloves  Goggles  Respirator

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, packaged, marked, labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

HAULER (HAULER MUST COMPLETE)

NAME OIL PROCESS CO. TRUCK NO. 12 TLR. NO. 12 PICK-UP DATE 10-4-82

PA NO. CAD050806850 TIME AM  PM

ADDRESS 5756 Alba Street PHONE NO. (213) 585-5063

CITY, STATE, ZIP Los Angeles, California 90068

18) QUANTITY (If Measured)

19) STATE FEE (If Any)

20) FACILITY (FACILITY OPERATOR MUST COMPLETE)

NAME Douglas Alcock Co ADDRESS 19074 Normandie No. 533-NW

PA NO. CAD08610005 CITY, STATE, ZIP West Covina, CA 91793

ONE NO. 1 STATE FEE (If Any) 0

BOE-HIPMENT: 1 NAME None PA NO. 0

BOE-C6-0119745

21) HANDLING OR DISPOSAL METHOD:

Surface Impoundment  Landfill

Injection Well  Land Treatment

Treatment (Specify) None

Recovery or Reuse  Storage/Transfer

22) NAME None PA NO. 0

23) Signature of Authorized Agent and Title None

Signature of Authorized Agent and Title

## CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD

STATE DEPARTMENT OF HEALTH

227-013029

## PRODUCER OF WASTE (Must be filled by producer)

Name D. J. H. C-6PICK UP ADDRESS: 1907 N. Hollywood [CITY]

(House or Street)

P. O. or Contract No. 1Order Placed By: S.A.N.C.Date: 2/23/80

Type of Process

which Produced Waste: (Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

## Check type of wastes:

- |   |   |   |
|---|---|---|
| 1. <input type="checkbox"/> Acid solution     | 6. <input type="checkbox"/> Tetrachloro lead sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 2. <input type="checkbox"/> Alkaline solution | 7. <input type="checkbox"/> Chemical toilet wastes  | 12. <input type="checkbox"/> Cannery waste              |
| 3. <input type="checkbox"/> Pesticides        | 8. <input type="checkbox"/> Tank bottom sediment    | 13. <input type="checkbox"/> Latex waste                |
| 4. <input type="checkbox"/> Paint sludge      | 9. <input type="checkbox"/> Oil                     | 14. <input checked="" type="checkbox"/> Mud and water   |
| 5. <input type="checkbox"/> Solvent           | 10. <input type="checkbox"/> Drilling mud           | 15. <input type="checkbox"/> Brine                      |

 Other (Specify)

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

Components:

1. Mud2. 1.0 M H23. 4. 5. 6. 

| Hazardous Properties of Waste: | PH       | toxic                    | flammable                | corrosive                | explosive                |
|--------------------------------|----------|--------------------------|--------------------------|--------------------------|--------------------------|
| <u>6</u>                       | <u>6</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Bulk Volume: 20  gel  tons  drums (42 gal)  cartons bags other drums cartons bags other barrels (42 gal) other drums cartons bags

Received December 1974

## CALIFORNIA LIQUID WASTE HAULING REGISTRY

STATE WATER RESOURCES CONTROL BOARD

STATE DEPARTMENT OF HEALTH

## PRODUCER OF WASTE (Must be filled by producer)

Name George Louis G. R. Clark Co.  
pick up Address 5301 Bolisa Ave. (NUMBER) P.O. or Contract No. 1000Telephone Number: 619-451-1301 Order Placed By: Same Date: 6-16-80Type of Process which Produced Waste: Tank Cleaning  
(Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, picking bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Acid solution     | <input type="checkbox"/> Tetrachloro lead sludge         | <input type="checkbox"/> Contaminated soil and sand |
| <input type="checkbox"/> Alkaline solution | <input type="checkbox"/> Chemical toilet wastes          | <input type="checkbox"/> Cannery waste              |
| <input type="checkbox"/> Pesticides        | <input checked="" type="checkbox"/> Tank bottom sediment | <input type="checkbox"/> Latex waste                |
| <input type="checkbox"/> Paint sludge      | <input type="checkbox"/> Oil                             | <input checked="" type="checkbox"/> Mud and water   |
| <input type="checkbox"/> Solvent           | <input type="checkbox"/> Drilling mud                    | <input type="checkbox"/> Brine                      |

Other (Specify)  
Components: Hydrochloric acid, lime, caustic soda, hexanes, solvents (list), metals (list), organics (list), cyanideConcentration: Lower CODE NO. ppmUpper CODE NO. ppm10 CODE NO. 10 CODE NO.20 CODE NO. 20 CODE NO.— CODE NO. — CODE NO.Hazardous Properties of Waste:  
PH 8  none  toxic  flammable  corrosive  explosiveBulk Volume: 200  gal  tons  barrels (42 gal.)  other SPECIFYContainers: Drums  cartons  bags  other SPECIFYPhysical State:  solid  liquid  sludge  other SPECIFYSpecial Handling Instructions (if any): No No

HAULER OF WASTE (Must be filled by hauler)

CODE NO.

OIL PROCESS CO.  
5756 Alton Street, Los Angeles, California 90058  
Phone: (213) 595-5633Job No.: 130416 No. of Loads or Trips: 1 Unit No. 20  
Vehicle:  vacuum truck 100 barrels,  latent,  other SPECIFYState Liquid Waste Hauler's Registration No. (If applicable):  
Signature of Authorized Agent and Title: HillDate: 6-16-80

DISPOSER OF WASTE (Must be filled by producer)

Name (print or type): OPERATING INDUSTRIES, INC. Cone No.: cone no.Site Address: 2425 So. Garfield Ave.

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWACB requirements. State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): State fee (if any):Handling Method(s):  recoveryTreatment (Specify): (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)  pond  spreading  landfill  injection wellDisposal (Specify):  other (Specify):  other (Specify):  other (Specify):  other (Specify):If waste is held for disposal:  Yes  No Final location: HillDisposal Date: 6-16-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of Authorized Agent and Title: Hill

The site operator shall submit a legible copy of each completed record to the State Department of Health with monthly fee reports.

D.O.T. Proper Shipping Name: OilSignature of Authorized Agent and Title: Hill

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424 9300.

D.O.T. Proper Shipping Name: Oil

# CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

227- 002609

## PRODUCER OF WASTE (Must be filled by producer)

Name: Doug James Oil Graft  
 Pick up Address: 385 Lake Wood Blvd  
 Telephone Number: (415) 528-1905 ext. 5477  
 Order Placed By: SAPCO Date: 8-14-77

## Type of Producer

which Produced Waste: Sludge  
 (Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

## Check type of wastes:

- |   |  |   |
|---|--|---|
| 1. <input type="checkbox"/> Acid solution           | 6. <input type="checkbox"/> Tereethyl lead sludge  | 11. <input type="checkbox"/> Contaminated soil and sand |
| 2. <input type="checkbox"/> Alkaline solution       | 7. <input type="checkbox"/> Chemical toilet wastes | 12. <input type="checkbox"/> Cannery waste              |
| 3. <input type="checkbox"/> Pesticides              | 8. <input type="checkbox"/> Tank bottom sediment   | 13. <input type="checkbox"/> Latex waste                |
| 4. <input checked="" type="checkbox"/> Paint sludge | 9. <input type="checkbox"/> Oil                    | 14. <input type="checkbox"/> Mud and water              |
| 5. <input type="checkbox"/> Solvent                 | 10. <input type="checkbox"/> Drilling mud          | 15. <input type="checkbox"/> Brine                      |
| <input type="checkbox"/> Other (Specify) _____      |  |   |

Components:  
 (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

## Concentration:

Upper \_\_\_\_\_%  
 Lower \_\_\_\_\_%

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

## Hazardous Properties of Waste:

|                 |                                 |                                  |                                    |                                    |                                    |
|-----------------|---------------------------------|----------------------------------|------------------------------------|------------------------------------|------------------------------------|
| pH              | <input type="checkbox"/> none   | <input type="checkbox"/> toxic   | <input type="checkbox"/> flammable | <input type="checkbox"/> corrosive | <input type="checkbox"/> explosive |
| Bulk Volume:    | <input type="checkbox"/> oil    | <input type="checkbox"/> tone    | <input type="checkbox"/> drums     | <input type="checkbox"/> barrels   | <input type="checkbox"/> other     |
| Containers:     | <input type="checkbox"/> Number | <input type="checkbox"/> cartons | <input type="checkbox"/> bags      | <input type="checkbox"/> (42 gal.) | <input type="checkbox"/> other     |
| Physical State: | <input type="checkbox"/> solid  | <input type="checkbox"/> liquid  | <input type="checkbox"/> sludge    | <input type="checkbox"/> other     | <input type="checkbox"/> powder    |

## Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable). I certify (or declare) under penalty of perjury that the foregoing is true and correct.

H. B. Berman, S1-329

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.  
 N.Y. Berman, S1-329

## HAULER OF WASTE (Must be filled by hauler)

## OIL PROCESS CO.

3540 Emery Street, Los Angeles, California 90023

Phone: (213) 281-0321

P.O. or Contract No.: 207 77 77  
 Date: 8-14-77State Liquid Waste Hauler's Registration No. (if applicable): 227Job No.: 1859No. of Loads or Trips: 22Vehicle:  vacuum truck  barrels  listed.  Other \_\_\_\_\_

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE: R.W. SartCAGE NO. 2060Date: 8-14-77

## DISPOSER OF WASTE (Must be filled by producer)

CAGE NO. 2060Date: 8-14-77CAGE NO. 2060Date: 8-14-77Name (print or type): OIL PROCESS INDUSTRIES, INC.Site Address: Monterey Park, Calif. 91750Site No. (if any): 16State (if any): CACAGE NO. 2060Date: 8-14-77CAGE NO. 2060

## CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

227- 002609

## PRODUCER OF WASTE (Must be filled by producer)

Name Douglass Al Goff Pick up Address: 385 Lake Woods Blvd  
 Pick up Date: 10-17-77 CO. NO. 22  
 Telephone Number: (415) 528-1955 P.O. or Contract No.: 227  
 Order Filled By: Sabine Sludge

## HAULER OF WASTE (Must be filled by hauler)

OIL PROCESS CO.  
 3640 Emery Street, Los Angeles, California 90023  
 Phone: (213) 261-0321

Job No.: 1859 State Liquid Waste Hauler's Registration No. (If applicable):  
 Pick Up: 9-14-77 Unit No. 22  
 No. of Loads or Trips: 1 No. of Loads or Trips: 1

Vehicle:  vacuum truck  barrels,  flatbed,  other  
 (specify) CW San J

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be signed by authorized agent and title)  
 Name (print or type): OPERATING INDUSTRIES, INC  
 Site Address: 2425 So. Garfield Ave., Monterey Park, Calif. 91750

The hauler above delivered the described waste to this disposal facility and it was an acceptable material (as under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions).

Quantity measured at site (if applicable): 16 State fee (if any): \$20.60  
 Handling Method(s):  recovery  treatment (specify): (example: INCINERATION, RECYCLIZATION, PRECIPITATION)  
 disposal (specify):  pond  spreading  landfill  injection well  
 other (specify): 16

If waste is held for disposal elsewhere specify final location: 16 Disposal Date: 9-14-77  
 I certify (or declare) under penalty of perjury that the foregoing is true and correct.

CO. NO. 22 SIGNATURE OF AUTHORIZED AGENT AND TITLE  
 Name (print or type): John Chakaledas CO. NO. 22  
 The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

| Hazardous Properties of Waste:        | Upper Concentration: % open |   |                |        |
|---------------------------------------|-----------------------------|---|----------------|--------|
|                                       | Lower                       | % | Concentration: | % open |
| 1. <input type="checkbox"/> none      | —                           | — | —              | —      |
| 2. <input type="checkbox"/> toxic     | —                           | — | —              | —      |
| 3. <input type="checkbox"/> flammable | —                           | — | —              | —      |
| 4. <input type="checkbox"/> corrosive | —                           | — | —              | —      |
| 5. <input type="checkbox"/> explosive | —                           | — | —              | —      |
| 6. <input type="checkbox"/> other     | —                           | — | —              | —      |

  

| Bulk Volume:                            | gel                                       | ton                              | barrels (42 gal.)                          | other                          |
|---|---|----------------------------------|--|--------------------------------|
| Containers:                             | <input checked="" type="checkbox"/> drums | <input type="checkbox"/> cartons | <input type="checkbox"/> bags              | <input type="checkbox"/> other |
| Physical State:                         | <input type="checkbox"/> solid            | <input type="checkbox"/> liquid  | <input checked="" type="checkbox"/> sludge | <input type="checkbox"/> other |
| Special Handling Instructions (if any): | <u>16</u>                                 |                                  |  |                                |

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable). I certify (or declare) under penalty of perjury that the foregoing is true and correct.

H. Brian Borger, Supervisor, Solid Waste Division  
 FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
 HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

# CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATERSOURCES CONTROL BOARD

227- 002608

Issued December 1974

PRODUCER OF WASTE (Must be filled by producer)

Name Douglas Aecker Address Los Angeles Blvd  
 Number 2005 P.O. or Contract No. SAB 19085-CF  
 der Placed By SAMR Date 9/14/77  
 pe of Process Sludge Storage  
 which Produced Waste: (Exemptions: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Waste type of wastes:

- |   |  |   |
|---|--|---|
| 1. <input type="checkbox"/> Acid solution           | 6. <input type="checkbox"/> Tetrachlor lead sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 2. <input type="checkbox"/> Alkaline solution       | 7. <input type="checkbox"/> Chemical toilet wastes | 12. <input type="checkbox"/> Cannery waste              |
| 3. <input type="checkbox"/> Pesticides              | 8. <input type="checkbox"/> Tank bottom sediment   | 13. <input type="checkbox"/> Latex waste                |
| 4. <input checked="" type="checkbox"/> Paint sludge | 9. <input type="checkbox"/> Oil                    | 14. <input type="checkbox"/> Mud and water              |
| 5. <input type="checkbox"/> Solvent                 | 10. <input type="checkbox"/> Drilling mud          | 15. <input type="checkbox"/> Brine                      |

Other (Specify)

Components: Hydrochloric acid, lime, caustic soda, tenallic, solvents (list), metals (list), genetics (list), cyanides

Concentration: Lower %

Concentration: ppm

Concentration: code no.

HAULER OF WASTE (Must be filled by hauler)

OIL PROCESS CO.

3540 Emery Street, Los Angeles, California 90023

Phone: (213) 261-0321

Pick Up: 8/14/77 Time: 10 AM

Item: Code No.



# CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

13707

Issued December 1974

PRODUCER OF WASTE (Must be filled by producer)

Name Duval  
Point on Map Air Creek  
k up Address 190th & Normandie Ave

Telephone Number: 213-593-5511 PO or Contract No SAS 16095 C

der Placed By SAME Date 4/2/78

## STORAGE

Type of Process Rich Produced Waste: (Excludes metal plating, equipment cleaning, oil drilling, wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Waste type of wastes:

- Acid solution
- Alkaline solution
- Pesticides
- Paint sludge
- Solvent
- Tereethyl lead sludge
- Chemical toilet wastes
- Tank bottom sediment
- Oil
- Drilling mud
- Contaminated soil and sand
- Cannery waste
- Latex waste
- Mud and water
- Brine

Other (Specify)

Components: Hydrochloric acid, lime, caustic soda, emulsifiers, solvents (list), metals (list), organics (list), cyanides.

Concentration:

Lower \_\_\_\_\_ % ppm

Upper \_\_\_\_\_ % ppm

Handling Method(s):

recovery

treatment (Specify):

incineration, neutralization, precipitation

disposal (Specify):

pond, spreading

other (Specify):

injection well

other (Specify):

landfill

other (Specify):

Waste properties of Waste:

pH \_\_\_\_\_

none

explosive

corrosive

flammable

toxic

radioactive

barrels

(42 Gal.)

other

specify

drums

cans

bags

other

specify

HAULER OF WASTE (Must be filled by hauler)

## OIL PROCESS CO.

3540 Emery Street, Los Angeles, California 90023

Phone: (213) 261-0321

Pick Up: 4/6/78 Time: 10 AM

Date: 4/6/78 Job No: 227

State Liquid Waste Hauler's Registration No. (if applicable):

Vehicle:  vacuum truck  other 30 (specify)

Job No.: 3945 No. of Loads or Trips: 1 Unit No: 2k

Code No.: 445 Vehicle:  flatbed,  other 30 (specify)

Waste Hauler was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

J. D. Rosa, C6-401

DISPOSER OF WASTE (Must be filled by hauler)

Job No.: 3945 Name (print or type): Monterey Park, Calif. 91754

Site Address: 1425 6th St., Monterey Park, Calif. 91754

Quantity measured at site (if applicable): 1000 lbs

State fee (if any): \$10.00

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

J. D. Rosa, C6-401

DISPOSAL OF WASTE (Must be filled by hauler)

Job No.: 3945 Name (print or type): Monterey Park, Calif. 91754

Site Address: 1425 6th St., Monterey Park, Calif. 91754

Quantity measured at site (if applicable): 1000 lbs

State fee (if any): \$10.00

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

J. D. Rosa, C6-401

SIGNATURE OF AUTHORIZED AGENT AND TITLE

Code No.: 445 Signature: J. D. Rosa, C6-401

BOE-C6-0119752  
he waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable) under penalty of perjury at the foregoing is true and correct.

J. D. Rosa, C6-401

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424 9300.

DISPOSAL—STATE COPY

D.O.T. Proper Shipping Name \_\_\_\_\_

DISPOSAL—STATE COPY

## 13536 CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WASTE HAULERS, CONSTRUCTION MATERIALS

STATE DEPARTMENT OF HEALTH

## PRODUCER OF WASTE (Must be filled by producer)

Name PGC Donnell Douglas  
Print on Pick up Address 1740th St & Broadway(House or Business) Los AngelesTelephone Number: (213) 261-0321Order Placed By: Don

Type of Process which Producer Waste:

(Examples: metal plating, equipment cleaning, drilling wastewater treatment, bucking and batch petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

## Check type of waste:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Acid solution     | <input type="checkbox"/> Tetraethyl lead sludge | <input type="checkbox"/> Contaminated soil and sand |
| <input type="checkbox"/> Alkaline solution | <input type="checkbox"/> Chemical toilet wastes | <input type="checkbox"/> Cannery waste              |
| <input type="checkbox"/> Pesticides        | <input type="checkbox"/> Tank bottom sediment   | <input type="checkbox"/> Latex waste                |
| <input type="checkbox"/> Paint sludge      | <input type="checkbox"/> Oil                    | <input checked="" type="checkbox"/> Mud and water   |
| <input type="checkbox"/> Solvent           | <input type="checkbox"/> Drilling mud           | <input type="checkbox"/> Brine                      |

 Other (Specify) \_\_\_\_\_Components:  
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)1. sludge  
2. BrineComponents:  
(Examples: metal plating, equipment cleaning, drilling wastewater treatment, bucking and batch petroleum refining)

## Concentration:

Upper 30 Lower 22 % ppm

- |                                     |                                     |                                     |                                     |                                     |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

## Handling Method(s):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> recovery                               | <input type="checkbox"/> treatment (specify): <u>INCINERATION</u> <small>(examples: incineration, neutralization, neutralization/neutralization)</small> | <input type="checkbox"/> landfill                               |
| <input type="checkbox"/> disposal (specify): <u>landfill</u>    | <input type="checkbox"/> spreading   | <input type="checkbox"/> pond                                   |
| <input type="checkbox"/> other (specify): <u>injection well</u> | <input type="checkbox"/> other (specify): <u>injection well</u>  | <input type="checkbox"/> other (specify): <u>injection well</u> |
| <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |

Disposal Date: 10/20/84

## I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of Producer: J. M. CapistranoSignature of Authorized Agent: J. M. CapistranoSignature of DOT Person Shown Name: J. M. CapistranoSignature of DOT Person Shown Name: J. M. CapistranoSignature of DOT Person Shown Name: J. M. Capistrano

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).  
 I certify (or declare) under penalty of perjury that the foregoing is true and correct.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424 9300.

DOT Person Shown Name: J. M. Capistrano

Issued December 1974

# CALIFORNIA LIQUID WASTE HAULER RECORD

13625

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Must be filled by producer)

*Douglass Aircraft Co.*

13625 LAKESPOD BLVD - Long Beach  
CODE NO.

Phone Number: (213) 543-3063 P.O. or Contract No.

Date Placed By: *J. STANG.* CODE NO.

Job No.:  DATE: *12/2/77*

DISPOSER OF WASTE (Must be filled by producer)

*CATCH SEWPS (COPPER)* CODE NO.

Example: metal plating equipment cleaning, oil drilling  
wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of waste:

- |   |   |   |
|---|---|---|
| 1. <input type="checkbox"/> Acid solution     | 6. <input type="checkbox"/> Tetrachloro lead sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 2. <input type="checkbox"/> Alkaline solution | 7. <input type="checkbox"/> Chemical toilet wastes  | 12. <input type="checkbox"/> Cannery waste              |
| 3. <input type="checkbox"/> Pesticides        | 8. <input type="checkbox"/> Tank bottom sediment    | 13. <input type="checkbox"/> Latex waste                |
| 4. <input type="checkbox"/> Paint sludge      | 9. <input checked="" type="checkbox"/> Oil Solvent  | 14. <input type="checkbox"/> Mud and water              |
| 5. <input type="checkbox"/> Solvent           | 10. <input type="checkbox"/> Drilling mud           | 15. <input type="checkbox"/> Brine                      |

Other (Specify)

Components: Hydrochloric acid, lime, caustic soda,  
enolics, solvents (list), metals (list),  
polymers (list), cyanides,

Concentration: % ppm

Upper  Lower

Handling Method(s):

- recovery  
 treatment (specify): [EXAMPLE: INCINERATION, NEUTRALIZATION, PRECIPITATION] CODE NO.   
 disposal (specify):  pond  spreading  tank  injection well  
 other (specify):

If waste is held for disposal elsewhere specify location:

Disposal Date: *12/2/77*

I certify (or declare) under penalty of perjury

that the foregoing is true and correct.

*Douglass Aircraft Co.*

PRODUCER OF WASTE (Must be filled by producer)

PH:  none  toxic  flammable  corrosive  explosive

Volt Volume: *4000*  gal  tons  barrels (42 gal.)  other

Container: *1-LGP*  drums  cartons  bags  other

Physical State:  solid  liquid  sludge  other

Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable). I certify (or declare) under penalty of perjury that the foregoing is true and correct.

*Douglass Aircraft Co.*

HAULER OF WASTE (Must be filled by hauler)

HAULER OF WASTE (Must be filled by hauler)

OIL PROCESS CO.

3640 Emery Street, Los Angeles, California 90023

Phone: (213) 261-0321

Pick Up Time: *12/2/77* Item:

Date: *227*

State Liquid Waste Hauler's Registration No. (if applicable):

Job No.: *Q472* No. of Loads or Trips:

Vehicle:  vacuum truck  flatbed.  other

(specify):

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.

*S. J. Hough*

DISPOSER OF WASTE (Must be filled by producer)

2425 So. Garfield Ave.  
Monterey Park, Calif. 91754

Name (print or type):

Site Address:

Quantity measured at site (if applicable):

Handling Method(s):

- recovery  
 treatment (specify): [EXAMPLE: INCINERATION, NEUTRALIZATION, PRECIPITATION] CODE NO.   
 disposal (specify):  pond  spreading  tank  injection well  
 other (specify):

Site for disposal elsewhere (specify) location:

Disposal Date: *12/2/77*

I certify (or declare) under penalty of perjury

that the foregoing is true and correct.

*S. J. Hough*

PRODUCER OF WASTE (Must be filled by producer)

HAULER OF WASTE (Must be filled by hauler)

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name

14050

# CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

227-007813

## PRODUCER OF WASTE (Must be filled by producer)

Name Douglass Aircraft CoTrucking on 3855 Lakewood BlvdPhone Number (734) 363-3633Order Placed By J.F. STANGType of Process Paint Booth & Sump - Bldg #11

(Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1.  Acid solution2.  Alkaline solution3.  Pesticides4.  Paint sludge5.  Solvent6.  Other (specify) \_\_\_\_\_7.  Tetrachyl lead sludge8.  Chemical toilet wastes9.  Oil10.  Drilling mud11.  Contaminated soil and sand12.  Cannery waste13.  Latex waste14.  Mud and water15.  Brine

Components: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanides

Physical State: liquidHazardous Properties of Waste: pH 11  none  toxic  flammable  corrosive  explosiveBulk Volume: 5000 gal  tonne  barrel (42 gal.)Containers: 1-200  drums  cartons  bags  other TRUCKEDPhysical State:  solid  liquid  sludge  other LIQUID

Special Handling Instructions (if any): \_\_\_\_\_

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of Authorized Agent and Title J. H. StangSignature of Authorized Agent and Title J. H. StangFOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

DOT Proper Shipping Name \_\_\_\_\_

## CALIFORNIA LIQUID WASTE HAULER RECORD

11-19-74

STATE WITH ITS SOURCES CONTROL HAZARD

STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Must be filled by producer)

Name Douglas Aircraft CompanyPrint or Type 190 E. & Normandie  
Number (404) 525-16095Telephone Number: 525-16095 CH  
Order Placed By: SAMEDate 11-24-79Type of Process  
which Produced Waste: AIRPORT 41 FOB.(Examples: material testing, equipment cleaning, oil drilling,  
water treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1.  Acid solution      6.  Tetraethyl lead sludge      11.  Contaminated soil and sand  
 2.  Alkaline solution      7.  Chemical toilet wastes      12.  Cannery waste  
 3.  Pesticides      8.  Tank bottom sediment      13.  Latex waste  
 4.  Paint sludge      9.  Oil      14.  Mud and water  
 5.  Solvent      10.  Drilling mud      15.  Brine

WATER

Components:  
(Examples: Hydrochloric acid, lime, caustic soda,  
phenolics, solvents (list), metals (list),  
organics (list), cyanide)Hazardous Properties of Waste:  
PH 9       none       toxic       flammable       corrosive       explosiveWaste Volume: 25       gal       tons       barrels       (42 gal.)       other \_\_\_\_\_Containers: HA-       drums       cartons       bags       other \_\_\_\_\_Physical State: solid       liquid       sludge       other \_\_\_\_\_Special Handling Instructions (if any): NONEHazardous Properties of Waste:  
PH 9       none       toxic       flammable       corrosive       explosiveWaste Volume: 25       gal       tons       barrels       (42 gal.)       other \_\_\_\_\_Containers: HA-       drums       cartons       bags       other \_\_\_\_\_Physical State: solid       liquid       sludge       other \_\_\_\_\_Special Handling Instructions (if any): NONEHazardous Properties of Waste:  
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HAULER OF WASTE (Must be filled by hauler)

OIL PROCESS CO.

5756 Alba Street, Los Angeles, California 90058  
Phone: (213) 585-5063State Liquid Waste Hauler's Registration No. (if applicable): 10737Job No.: 10737      No. of Loads or Trips: 1Vehicle:  vacuum truck       steel drum       Other \_\_\_\_\_

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.  
  
\_\_\_\_\_  
Roger A. Stoykoff

Signature of Authorized Agent and Title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): O'Weller

Site Address: \_\_\_\_\_

State (if any): \_\_\_\_\_

The hauler above delivered the described waste to this disposal facility and it was an acceptable  
material under the terms of RWACB requirements, State Department of Health regulations, and  
local restrictions.

Quantity measured at site (if applicable): \_\_\_\_\_

Handling Method(s): \_\_\_\_\_

recovery

treatment (specify): \_\_\_\_\_

disposal (specify):  incineration, neutralization, precipitation pond       spreading injection well

other (specify): \_\_\_\_\_

If waste is held for disposal elsewhere specify location: \_\_\_\_\_

Disposal Date: \_\_\_\_\_

I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.\_\_\_\_\_  
Roger A. Stoykoff

Signature of Authorized Agent and Title

The site operator shall submit a legible copy of each completed Record to the State Department of  
Health with monthly fee reports.

State fee (if any): \_\_\_\_\_

DISPOSAL DATE

CODE NO.

TIME

DATE

ITEM

CODE NO.

TIME

DATE

ITEM

CODE NO.

TIME

DATE

ITEM

CODE NO.

TIME

DATE

SIGNATURE OF AUTHORIZED AGENT AND TITLE

Y. Stoykoff (R. Stoykoff)

SIGNATURE OF AUTHORIZED AGENT AND TITLE

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424 9300

D.O.T Proper Shipping Name

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if  
applicable).  
I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.

Y. Stoykoff (R. Stoykoff)

SIGNATURE OF AUTHORIZED AGENT AND TITLE

BOE-C6-0119756

Cle-700-82-WC-0087

# CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest Number **227-023650**

See reverse side for instructions.  
Please type or print clearly. Press Hard.

## GENERATOR (Generator Must Complete)

② Name **Douglas Aircraft Co.**

EPA NO. **CA1086514905**

Address **1000 Normandie Phone No. 233-7612**

City, State, Zip **Torrance, Ca 90502**

⑤ U.S. DOT PROPER SHIPPING NAME **Waste Mud & Water**

HAZARD CLASS **Hazardous**

U.S. DOT ID NO. **UN1090**

WEIGHT ON VOLUME **40 GALS**

UN/INA ID NO. **1,334.4**

CONTAINER NUMBER **1**

TYPE:  DRUMS  BAGS  CARTONS  TANK TRUCK  DUMP TRUCK  OTHER

⑥ WASTE CATEGORY **7D**

⑦ EX. HAZ. WASTE PERMIT NO. **3-1804**

⑧ GENERATING PROCESS **Aircraft Mfg. & PAI**

⑨ LIST COMPONENTS: **Fluid Water**

⑩ WASTE PROPERTIES: **pH 7**

⑪ PHYSICAL STATE: **Liquid**

⑫ SPECIAL HANDLING INSTRUCTIONS: **Gloves Gloves Gloves Gloves**

⑬ SIGNATURE OF AUTHORIZED AGENT AND TITLE **Swiger Detalle**

⑭ NAME **Oil Process Co.**

EPA NO. **CAD050806850**

ADDRESS **6768 Alba Street**

CITY, STATE, ZIP **Los Angeles, California 90058**

PHONE NO. **(213) 585-5083**

⑮ FACILITY OPERATOR MUST COMPLETE

⑯ QUANTITY (If Hazardous) **18**

STATE FEE (If Any) **19**

⑰ NAME **Oil Process Co.**

EPA NO. **CDV-18001222**

PHONE NO. **(213) 585-5083**

⑲ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

⑳ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

㉑ NAME **Oil Process Co.**

EPA NO. **CDV-18001222**

㉒ SIGNATURE OF AUTHORIZED AGENT AND TITLE **Swiger Detalle**

㉓ SIGNATURE OF AUTHORIZED AGENT AND TITLE **Swiger Detalle**

① Designated TSD Facility (Authorized to operate under an approved state program or federal program) **Operating Industries**

④ Alternate TSD Facility Name

⑤ EPA NO. **CLATT 8011024**

Address **2425 S. Cerfied Ave.**

City, State, Zip **Montgomery Park, Ca.**

City, State, Zip

⑥ CONC. UPPER **3**

RANGE LOWER **0 ppm.**

⑦ CONC. UPPER **92**

RANGE LOWER **0 ppm.**

⑧ CONC. UPPER **100**

RANGE LOWER **0 ppm.**

⑨ CONC. UPPER **100**

RANGE LOWER **0 ppm.**

⑩ CONC. UPPER **100**

RANGE LOWER **0 ppm.**

⑪ CONC. UPPER **100**

RANGE LOWER **0 ppm.**

⑫ CONC. UPPER **100**

RANGE LOWER **0 ppm.**

⑬ CONC. UPPER **100**

RANGE LOWER **0 ppm.**

⑭ CONC. UPPER **100**

RANGE LOWER **0 ppm.**

⑮ CONC. UPPER **100**

RANGE LOWER **0 ppm.**

⑯ CONC. UPPER **100**

RANGE LOWER **0 ppm.**

⑰ CONC. UPPER **100**

RANGE LOWER **0 ppm.**

⑱ CONC. UPPER **100**

RANGE LOWER **0 ppm.**

⑲ CONC. UPPER **100**

RANGE LOWER **0 ppm.**

⑳ CONC. UPPER **100**

RANGE LOWER **0 ppm.**

⑴ Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

TRANSPORTER (HAULER MUST COMPLETE) **Oil Process Co.**

EPA NO. **CDV-18001222**

ADDRESS **6768 Alba Street**

CITY, STATE, ZIP **Los Angeles, California 90058**

PHONE NO. **(213) 585-5083**

⑵ HANDLING OR DISPOSAL METHOD:

Surface Impoundment **Landfill**

Injection Well **Land Treatment**

Treatment (Specify) **Recovery or Removal**

Storage/Transfer **Storage/Transfer**

⑶ SIGNATURE OF AUTHORIZED AGENT AND TITLE **Swiger Detalle**

⑷ DATE SHIPPED **4-2-82**

⑸ SIGNATURE OF AUTHORIZED AGENT AND TITLE **Swiger Detalle**

⑹ DATE SHIPPED **4-2-82**

⑺ SIGNATURE OF AUTHORIZED AGENT AND TITLE **Swiger Detalle**

⑻ DATE SHIPPED **4-2-82**

## CALIFORNIA LIQUID WASTE HAULER RECORD

13508

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

Invoice No. \_\_\_\_\_

## PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): *Joseph G. McCloskey*  
 Pick up Address: *1921 N. Highland Ave.*  
 Telephone Number: *(310) 475-5555*  
 Order Placed By: *J. G. McCloskey*  
 Type of Process:

which Produced Waste(s): *Wastewater treatment, equipment cleaning, oil drilling, oil refining*

## DESCRIPTION OF WASTE(s) (Must be filled by producer)

- Check type of wastes:
- Acid solution
  - Alkaline solution
  - Oil
  - Drilling mud
  - Contaminated soil and sand
  - Cemetery waste
  - Latex waste
  - Acid and water
  - Brine
- Other (Specify) \_\_\_\_\_
- Components:  
 (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organic (list))  
*Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organic (list)*

Concentration:

|       |           |
|-------|-----------|
| Upper | <i>95</i> |
| Lower | <i>5</i>  |

Hazardous Properties of Waste:

- Corrosive
  - Flammable
  - Explosive
  - Barrels (42 gal)
  - Cans
  - Drums
  - Cartons
  - Solid
  - Liquid
  - Sludge
  - Other (Specify) *Corrosive*
- Physical States:
- Special Handling Instructions (if any): *AAC*

## HAULER OF WASTE (Must be filled by hauler)

OIL PROCESS CO.

Name (print or type): *OIL PROCESS CO.*Code No.: *3540 Emery Street, Los Angeles, Calif. 90023*Business Address: *3540 Emery Street, Los Angeles, Calif. 90023*(Street) *Emery Street* (City) *Los Angeles* (State) *CA*Telephone Number: *(213) 261-3528* (Number) *261-3528* (Street) *Emery Street* (City) *Los Angeles* (State) *CA*P.O. or Contract Number: *None* (Number) *None* (Street) *None* (City) *None* (State) *None*Job No.: *13508* (Number) *13508* (Street) *None* (City) *None* (State) *None*No. of Loads or Trips: *2* (Number) *2* (Street) *None* (City) *None* (State) *None*Vehicle: *Delivery truck* (Type) *Delivery truck* (Model) *Delivery truck* (Year) *Delivery truck* (Color) *Delivery truck*State Liquid Waste Hauler's Registration No. (if applicable): *227* (State) *CA*Unit No.: *None* (Number) *None* (Street) *None* (City) *None* (State) *None*

## DISPOSER OF WASTE (Must be filled by disposer)

OIL PROCESS CO.

Name (print or type): *OIL PROCESS CO.*Code No.: *249-50-GLENCO AVE.*Site Address: *249-50-GLENCO AVE.* (Street) *GLENCO AVE.* (City) *Glendale* (State) *CA*

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements. State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): \_\_\_\_\_ State fee (if any): \_\_\_\_\_

Handling Method(s):  recovery  treatment (specify) \_\_\_\_\_ disposal (specify):  incineration  neutralization  precipitation  injection wellCode No.: *None*If waste is held for disposal operator's final location: \_\_\_\_\_ Signature of authorized agent and title: *None*Disposal Date: \_\_\_\_\_ Signature of authorized agent and title: *None*

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

Signature of authorized agent and title: *PJ*Code No.: *None*If waste is held for disposal operator's final location: \_\_\_\_\_ Signature of authorized agent and title: *None*Disposal Date: \_\_\_\_\_ Signature of authorized agent and title: *None*

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

Signature of authorized agent and title: *PJ*Code No.: *None*If waste is held for disposal operator's final location: \_\_\_\_\_ Signature of authorized agent and title: *None*Disposal Date: \_\_\_\_\_ Signature of authorized agent and title: *None*

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

Signature of authorized agent and title: *None*Code No.: *None*If waste is held for disposal operator's final location: \_\_\_\_\_ Signature of authorized agent and title: *None*Disposal Date: \_\_\_\_\_ Signature of authorized agent and title: *None*

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title: *Markus M. Lass*

Signature of authorized agent and title: *None*

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

DISPOSED CODE NO. 4000

TANK YOU

Cl-700-82-OFC-0097

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814Manifest **227**-025103  
Number

GENERATOR (Generator Must Complete)

Name **Douglas Aircraft Co.**  
A NO. **CAD08651005**  
Address **190 • Normandie Phone No 533-7612**IV. State, Zip **Torrance, CA 90502**WASTE **Dye + Water**  
WASTEWASTE CATEGORY **Dye + Water**

LIST COMPONENTS:

) A. **Dye** **5**  
B. **Water** **95**C.   
D. ) WASTE PROPERTIES: PH **7**  
1) PHYSICAL STATE:  Solid  Liquid  Sludge  Slurry  Gas2) SPECIAL HANDLING INSTRUCTIONS:  Gloves  Goggles  Respirator  OtherTRANSPORTER (HAULER MUST COMPLETE)  
1) NAME **OIL PROCESS CO.**  
PA NO. **CAD050806850**  
ADDRESS **5768 Alba Street**  
ITY, STATE, ZIP **Los Angeles, California 90058**IN THE EVENT OF A SPILL, CONTACT THE NATIONAL  
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802IN FACILITY (FACILITY OPERATOR MUST COMPLETE)  
1) NAME **Deborah Ladd**  
PA NO. **CAD0806850**18 QUANTITY (If Measured)  
19 STATE FEE (If Any)  
PHONE NO. **0119759**BOE-C6 SHIPMENT:  
2) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND  
NAME  PA NO. 7) EX. HAZ. WASTE PERMIT NO. **3-22745**8) GENERATING PROCESS **Tank 400 (Testing)**LIST RANGE CONC.  
LOWER UPPER UNITS  
) A. **% ppm.** **E.**  
B. **% ppm.** **F.**  
C. **% ppm.** **G.**D. **% ppm.** **Non Hazardous Material** **100 %**) WASTE PROPERTIES:  Toxic  Flammable  Corrosive/Irritant  Reactive  Sensitizer  Carcinogen/Mutagen  
1) PHYSICAL STATE:  Solid  Liquid  Sludge  Slurry  Gas  
2) SPECIAL HANDLING INSTRUCTIONS:  Gloves  Goggles  Respirator  Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL  
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802TRANSPORTER (HAULER MUST COMPLETE)  
1) NAME **Swig Boeve**  
PA NO. **22**  
PHONE NO. **910-421-8222**  
ADDRESS **11**  
ITY, STATE, ZIP **Beverly Hills, CA 90210**15) PICK-UP DATE **7-12-82**  
TIME **2:30 AM** **ETM**  
Signature of Authorized Agent and Title **J. Mirell del Valle**  
Date Shipped **7-12-82**16) Signature of Authorized Agent and Title **J. Mirell del Valle**  
Date **7-12-82**21) HANDLING OR DISPOSAL METHOD:  
1) Surface Impoundment   
2) Injection Well   
3) Land Treatment   
4) Treatment (Specify)   
5) Recovery or Reuse   
6) Storage/Transfer 22) NAME  PA NO. 23) NAME  PA NO. 24) NAME  PA NO. 25) NAME  PA NO.

06-700-81-00C-0056  
11781

## CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.  
Please type or print clearly. Press Hard.

(Generator Must Complete)

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814Manifest Number **227-022951**Manifest Number **227-022951**

- (3) Designated Recycler  
Name *Openotoxic Chemicals*  
EPA NO. **CADD 0865110205**  
Address **1901 L Street, Sacramento, CA 95814**  
City, State, Zip **95814**

- (2) Name *Openotoxic Chemicals*  
EPA NO. **CADD 0865110205**  
Address **1901 L Street, Sacramento, CA 95814**  
City, State, Zip **95814**

|   |                              |  |                                     |   |                                |
|---|------------------------------|--|-------------------------------------|---|--------------------------------|
| U.S. DOT PROPER SHIPPING NAME<br><b>WASTEDIGESTED CELLULOSE</b> | HAZARD CLASS<br><b>WASTE</b> | U.L. DOT ID NO.<br><b>420000000000</b> | UN/NA ID NO.<br><b>420000000000</b> | WEIGHT OR VOLUME<br><b>UNITS</b>  | CONTAINERS NUMBER:<br><b>1</b> |
|   |                              |  |                                     | TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS<br><input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK<br><input type="checkbox"/> OTHER |                                |

- (6) WASTE CATEGORY **43**  
LIST COMPONENTS:

|   |                                     |                                     |                                     |                 |                                     |                                     |                                     |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-----------------|-------------------------------------|-------------------------------------|-------------------------------------|
| A. <b>Water</b>   | CONC. RANGE<br>UPPER<br><b>5</b>    | CONC. RANGE<br>LOWER<br><b>3</b>    | UNITS<br><b>ppm</b>                 | E. <b>Water</b> | CONC. RANGE<br>UPPER<br><b>5</b>    | CONC. RANGE<br>LOWER<br><b>3</b>    | UNITS<br><b>ppm</b>                 |
| B. <b>Water</b>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | C. <b>Water</b> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| D. <b>Water</b>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | E. <b>Water</b> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>WASTE PROPERTIES:</b> <input checked="" type="checkbox"/> pH <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen |                                     |                                     |                                     |                 |                                     |                                     |                                     |
| <b>PHYSICAL STATE:</b> <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input type="checkbox"/> Other  |                                     |                                     |                                     |                 |                                     |                                     |                                     |
| <b>SPECIAL HANDLING INSTRUCTIONS:</b> <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other   |                                     |                                     |                                     |                 |                                     |                                     |                                     |

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

## TRANSPORTER (HAULER MUST COMPLETE)

(14) NAME **OIL PROCESS CO.** **17-19349**  
EPA NO. **CAD050806850**  
ADDRESS **5766 Alba Street** PHONE NO. **(213) 885-8083**  
CITY, STATE, ZIP **Los Angeles, California 90058**

## TSD FACILITY (FACILITY OPERATOR MUST COMPLETE)

(17) NAME **Openotoxic Chemicals** **17-19349** QUANTITY (If Measured)  
EPA NO. **CADD 0865110205** **0012024** STATE FEE (If Any)  
PHONE NO. \_\_\_\_\_

(20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: \_\_\_\_\_

- (21) HANDLING OR DISPOSAL METHOD:  
 Surface Impoundment  Landfill  
 Injection Well  Land Treatment  
 Treatment (Specify) \_\_\_\_\_  
 Recovery or Reuse  Storage/Transfer

- (22) NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_

BOE-C6-0119760  
California Environmental Protection Agency  
Division of Abandoned Hazardous Waste

(23)

Signature of Authorized Agent and Title

Signature of Authorized Agent and Title

Signature of Authorized Agent and Title

# 1-6-700-81-01C CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.  
Please type or print clearly. Press Hard.

① Manifest Number **227-023162**

**GENERATOR** (Generator Must Complete)

② Name **Dwight Anchais**

Name *Operating, Inc.*

EPA NO. **CAD050806850**

Address **100 24th Street, Suite No. 233-261/2, 24th & McRae, Sacramento, CA 95814**

City, State, Zip **Fresno, CA 93701**

⑤ U.S. DOT PROPER SHIPPING NAME **Waste Biodegradable Oils and Wastes**

HAZARD CLASS **40**

U.S. DOT ID NO. **42901365**

WEIGHT OR VOLUME **4290 lbs**

UN/INA ID NO. **40**

UNITS **UNITS**

CONTAINERS NUMBER **1**

TYPE **DRUMS BAGS CARTONS TANK TRUCK DUMP TRUCK OTHER**

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name **Altair Oil Process Co.**

EPA NO. **CAD050806850**

Address **5756 Alba Street, Los Angeles, California 90058**

City, State, Zip **Los Angeles, CA 90058**

④ Alternate TSD Facility

Name **None**

EPA NO. **None**

Address **None**

City, State, Zip **None**

⑥ WASTE CATEGORY **H2**

⑦ EX. HAZ. WASTE PERMIT NO. **3-180-1**

⑧ LIST COMPONENTS: CONC. RANGE LOWER UNITS **0% ppm.**

A. **Biodegradable Oils** **0%** **ppm.**

B. **Liquid** **0%** **ppm.**

C. **Solids** **0%** **ppm.**

D. **Toxic** **0%** **ppm.**

E. **Corrosive/Irritant** **0%** **ppm.**

F. **Sludge** **0%** **ppm.**

G. **Gas** **0%** **ppm.**

H. **Slurry** **0%** **ppm.**

I. **Gloves** **0%** **ppm.**

J. **Goggles** **0%** **ppm.**

K. **Respirator** **0%** **ppm.**

L. **Other** **0%** **ppm.**

M. **None** **0%** **ppm.**

N. **None** **0%** **ppm.**

O. **None** **0%** **ppm.**

P. **None** **0%** **ppm.**

Q. **None** **0%** **ppm.**

⑨ GENERATING PROCESS **Storage**

⑩ SIGNATURE OF AUTHORIZED AGENT AND TITLE *Randy L. Jones*

Date Shipped **12/22/81**

⑪ SIGNATURE OF AUTHORIZED AGENT AND TITLE *Randy L. Jones*

Date Shipped **12/22/81**

⑫ SIGNATURE OF AUTHORIZED AGENT AND TITLE *Randy L. Jones*

Date Shipped **12/22/81**

⑬ SIGNATURE OF AUTHORIZED AGENT AND TITLE *Randy L. Jones*

Date Shipped **12/22/81**

⑭ SIGNATURE OF AUTHORIZED AGENT AND TITLE *Randy L. Jones*

Date Shipped **12/22/81**

⑮ SIGNATURE OF AUTHORIZED AGENT AND TITLE *Randy L. Jones*

Date Shipped **12/22/81**

⑯ SIGNATURE OF AUTHORIZED AGENT AND TITLE *Randy L. Jones*

Date Shipped **12/22/81**

⑰ SIGNATURE OF AUTHORIZED AGENT AND TITLE *Randy L. Jones*

Date Shipped **12/22/81**

⑱ SIGNATURE OF AUTHORIZED AGENT AND TITLE *Randy L. Jones*

Date Shipped **12/22/81**

⑲ GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

TRANSPORTER (HAULER MUST COMPLETE)

⑳ NAME **OIL PROCESS CO.** *21-1966-1*

EPA NO. **CAD050806850**

ADDRESS **5756 Alba Street, Los Angeles, California 90058**

CITY, STATE, ZIP **Los Angeles, California 90058**

⑳ FACILITY OPERATOR MUST COMPLETE

⑳ NAME **Operating, Inc.** *21-1966-1*

EPA NO. **CAD050806850**

PHONE NO. **None**

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

⑳ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

⑳ NAME **None**

EPA NO. **None**

Date Accredited **1-9-82**

See reverse side for instructions.  
Please type or print clearly. Press Hard.

# 1130 CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
740 P Street, Sacramento, CA 95814

## GENERATOR (Generator Must Complete)

(3) Designated TSD Facility (Authorized to operate under an approved state program or federal program)

(2) Name Douglas Aircom  
EPA NO. CAD0508006850  
Address 190th & Normandie Phone NO533-3612  
City, State, ZIP Long Beach CA 90502

(5) U.S. DOT PROPER SHIPPING NAME Bia Catalyst  
HAZARD CLASS Non  
WASTE Bia Catalyst

(6) WASTE CATEGORY 43  
LIST COMPONENTS:  
(9) A. Bia catalyst  
B. water  
C.   
D.

(10) WASTE PROPERTIES: pH 7  
Physical State:  Solid  Liquid

(11) SPECIAL HANDLING INSTRUCTIONS:  Gloves

(12) SPECIAL HANDLING INSTRUCTIONS:  Goggles  Slurry

Respirator  Other

none

(13) TRANSPORTER 1 (HAULER MUST COMPLETE)

(14) NAME OIL PROCESS CO. / 7-19872  
EPA NO. CAD0508006850  
ADDRESS 5756 Alba Street PHONE NO. (213) 686-8003  
CITY, STATE, ZIP Los Angeles, California 90058

(15) TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

(17) NAME Oil Process Co. / 7-19872  
EPA NO. CAD0508006850  
PHONE NO.

(18) QUANTITY (if Measured) 1252  
19 STATE FEE (if Any) 0

(20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

(22) NAME   
EPA NO.

(21) HANDLING OR DISPOSAL METHOD:  
 Surface Impoundment  Landfill  
 Injection Well  Land Treatment  
 Treatment (Specify)   
 Recovery or Reuse  Storage/Transfer

(23) SIGNATURE OF AUTHORIZED AGENT AND TITLE John D. Sauer  
Signature of Authorized Agent and Title John D. Sauer  
Date Accepted 1/14/92

(1) Manifest Number 227-021478

(4) Alternate TSD Facility

(2) Name Operating Industries  
EPA NO. CAD05080012024  
Address 2425 S. Garfield  
City, State, Zip Murphy Park, Calif.

(5) U.S. DOT PROPER SHIPPING NAME Bia Catalyst  
HAZARD CLASS Non  
WASTE Bia Catalyst

(7) EX. HAZ. WASTE PERMIT NO. 3-1804  
CONC. RANGE UNITS  
UPPER LOWER  
A. 3  ppm. 27  ppm.  
B.   ppm.   ppm.  
C.   ppm.   ppm.  
D.   ppm.   ppm.

(8) CONTAINERS NUMBER: 1-1  
TYPE:  DRUMS  BAGS  CARTONS  
 TANK TRUCK  DUMP TRUCK  
 OTHER

(9) GENERATING PROCESS Plastic Manufacture  
CONC. RANGE UNITS  
UPPER LOWER  
E.   ppm.   ppm.  
F.   ppm.   ppm.  
G.   ppm.   ppm.

(10) Non Hazardous Material 100 %  
 Corrosive/Irritant  Reactive  Sensitive  
 Toxic  Flammable  Slurry  Gas  
 Sludge  Goggles  Respirator  Other

(11) GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

(12) IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

(13) TRANSPORTER 1 Signature of Agent and Title John D. Sauer  
Signature of Authorized Agent and Title John D. Sauer  
Date Shipped 12-22-81

(14) TRANSPORTER 2 Signature of Agent and Title John D. Sauer  
Signature of Authorized Agent and Title John D. Sauer  
Date Shipped 12-22-81

(15) TRANSPORTER 3 Signature of Agent and Title John D. Sauer  
Signature of Authorized Agent and Title John D. Sauer  
Date Shipped 12-22-81

(16) TRANSPORTER 4 Signature of Agent and Title John D. Sauer  
Signature of Authorized Agent and Title John D. Sauer  
Date Shipped 12-22-81

(17) TRANSPORTER 5 Signature of Agent and Title John D. Sauer  
Signature of Authorized Agent and Title John D. Sauer  
Date Shipped 12-22-81

(18) TRANSPORTER 6 Signature of Agent and Title John D. Sauer  
Signature of Authorized Agent and Title John D. Sauer  
Date Shipped 12-22-81

Date Accepted 1/14/92

BOE-C6-0119762

See reverse side for Instructions.  
Please type or print clearly. \*Press Hard.

# CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest Number **227-023163**

GENERATOR (Generator Must Complete)

**Durham Aircraft**

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

|                                  |   |  |  |
|----------------------------------|---|--|--|
| ② Name                           | Printhead Fuel  |  |  |
| EPA NO.                          | C A D 0 8 6 5 1 C 0 0 5   |  |  |
| Address                          | 1500 N. Remondine Phone No. 33-2612 Address 2425 Marshfield Dr., Folsom, CA 95030   |  |  |
| City, State, Zip                 | Folsom, CA 95030  |  |  |
| ⑤ U.S. DOT PROPER SHIPPING NAME  | WASTE Biodegradable Coolant   |  |  |
| HAZARD CLASS                     | 6Y4   |  |  |
| WASTE                            | WASTE   |  |  |
| ⑥ WASTE CATEGORY                 | 513   |  |  |
| LIST COMPONENTS:                 | ⑨ A Biodegradable<br>B. U.L. Tire   |  |  |
| ⑩ WASTE PROPERTIES: pH           | 7   |  |  |
| ⑪ PHYSICAL STATE:                | □ Solid <input checked="" type="checkbox"/> Liquid  |  |  |
| ⑫ SPECIAL HANDLING INSTRUCTIONS: | □ Gloves <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Respirator, <input checked="" type="checkbox"/> Other |  |  |

⑦ EX. HAZ. WASTE PERMIT NO. 3-18041

⑧ GENERATING PROCESS **Shannon MFG**

⑨ CONTAINERS NUMBER: 1

TYPE:  DRUMS  BAGS  CARTONS  
 TANK TRUCK  DUMP TRUCK  
 OTHER

⑩ WEIGHT OR VOLUME: 4200 Blks

UNITS: U.S. DOT ID NO.: UN/NA

⑪ CONC. LOWER: 3 % ppm.

⑫ CONC. UPPER: 27 % ppm.

⑬ CONC. LOWER: 0 % ppm.

⑭ CONC. UPPER: 0 % ppm.

⑮ CONC. LOWER: 0 % ppm.

⑯ CONC. UPPER: 100 % Non Hazardous Material

⑰ CONC. LOWER: 0 % ppm.

⑱ CONC. UPPER: 0 % ppm.

⑲ CONC. LOWER: 0 % ppm.

⑳ CONC. UPPER: 0 % ppm.

⑳ CONC. LOWER: 0 % ppm.

⑳ CONC. UPPER: 0 % ppm.

⑳ CONC. LOWER: 0 % ppm.

⑳ CONC. UPPER: 0 % ppm.

⑳ CONC. LOWER: 0 % ppm.

⑳ CONC. UPPER: 0 % ppm.

⑳ CONC. LOWER: 0 % ppm.

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⑳ CONC. LOWER: 0 % ppm.

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⑳ CONC. LOWER: 0 % ppm.

⑳ CONC. UPPER: 0 % ppm.

⑳ CONC. LOWER: 0 % ppm.

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⑳ CONC. UPPER: 0 % ppm.

⑳ CONC. LOWER: 0 % ppm.

⑳ CONC. UPPER: 0 % ppm.

⑳ CONC. LOWER: 0 % ppm.

⑳ CONC. UPPER: 0 % ppm.

⑳ CONC. LOWER: 0 % ppm.

⑳ CONC. UPPER: 0 % ppm.

⑳ CONC. LOWER: 0 % ppm.

⑳ CONC. UPPER: 0 % ppm.

⑳ CONC. LOWER: 0 % ppm.

⑳ CONC. UPPER: 0 % ppm.

⑳ CONC. LOWER: 0 % ppm.

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME **OIL PROCESS CO.**

⑮ EPA NO. **C A D 0 5 0 8 0 6 8 5 0**

⑯ ADDRESS **5766 Alba Street**

⑯ CITY, STATE, ZIP **Los Angeles, California 90058**

⑰ TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

⑱ NAME **Jeffrey S. Johnson**

⑱ EPA NO. **12345678901234567890**

⑱ PHONE NO. **(213) 585-5063**

⑱ SHIPMENT: **IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY**

⑲ NAME

⑲ EPA NO.

⑲ STATE FEE (If Any)

⑲ QUANTITY (If Measured) **22-194612**

⑲ TIME **10:00 AM**

⑲ DATE **12/22/81**

⑲ DATE SHIPPED **12/22/81**

⑲ SIGNATURE OF AUTHORIZED AGENT AND TITLE **Ronald J. Johnson**

⑲ SIGNATURE OF AUTHORIZED AGENT AND TITLE **Jeffrey S. Johnson**

⑳ HANDLING OR DISPOSAL METHOD:

Surface Impoundment  Landfill

Injection Well  Land Treatment

Treatment (Specify)  Storage/Transfer

Recovery or Reuse  Storage/Transfer

*Signature*

*Date Accepted*

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

⑳ NAME

⑳ EPA NO.

⑳ STATE FEE (If Any)

⑳ QUANTITY (If Measured)

⑳ TIME

⑳ DATE

⑳ DATE SHIPPED

⑳ SIGNATURE OF AUTHORIZED AGENT AND TITLE

⑳ SIGNATURE OF AUTHORIZED AGENT AND TITLE

C-6-720-51-0PC-CITY 1.16.37

Please type or print clearly. Press Hard.

# CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest Number **227-023227**

② GENERATOR (Generator Must Complete)  
Name **Diamond Process**  
EPA NO. **CAD0508068505**  
Address **1900 E. Kehoe Drive**  
City, State, Zip **Orange, CA 92706**

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name **Designated by Location**

EPA NO. **1201080512024**

Address **2425 Alvarado**

City, State, Zip **Chino Hills, CA 91709**

④ Alternate TSD Facility

Name \_\_\_\_\_

EPA NO. \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

⑤ U.S. DOT PROPER SHIPPING NAME

HAZARD CLASS

U.S. DOT ID NO.

UN/NA ID NO.

WEIGHT OR VOLUME

UNIT

CONTAINERS NUMBER:

TYPE:  DRUMS  BAGS  CARTONS

TANK TRUCK  DUMP TRUCK

OTHER

⑥ WASTE CATEGORY **43**

⑦ EX. HAZ. WASTE PERMIT NO. **3-1804**

⑧ GENERATING PROCESS **Acrylic Resin**

⑨ LIST COMPONENTS:

A. **BIG COOLANT**  ppm.  % ppm.

B. **Water**  ppm.  % ppm.

C. \_\_\_\_\_  ppm.  % ppm.

D. \_\_\_\_\_  ppm.  % ppm.

E. \_\_\_\_\_  ppm.  % ppm.

F. \_\_\_\_\_  ppm.  % ppm.

G. \_\_\_\_\_  ppm.  % ppm.

⑩ WASTE PROPERTIES: pH **7**  Toxic  Flammable  Corrosive/Irritant  Reactive  Semitizer

⑪ PHYSICAL STATE:  Solid  Liquid  Sludge  Slurry  Gas  Other

⑫ SPECIAL HANDLING INSTRUCTIONS:  Gloves  Goggles  Respirator

⑬ Signature of Authorized Agent and Title: **John J. Johnson**

Date Shipped: **12-22-87**

Signature of Authorized Agent and Title: **John J. Johnson**

Date: **12-22-87**

Signature of Authorized Agent and Title: **John J. Johnson**

Date: **12-22-87**

Signature of Authorized Agent and Title: **John J. Johnson**

Date: **12-22-87**

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Date: **12-22-87**

Signature of Authorized Agent and Title: **John J. Johnson**

Date: **12-22-87**

Signature of Authorized Agent and Title: **John J. Johnson**

Date: **12-22-87**

Signature of Authorized Agent and Title: **John J. Johnson**

Date: **12-22-87**

Signature of Authorized Agent and Title: **John J. Johnson**

Date: **12-22-87**

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Date: **12-22-87**

Signature of Authorized Agent and Title: **John J. Johnson**

Date: **12-22-87**

Signature of Authorized Agent and Title: **John J. Johnson**

Date: **12-22-87**

Signature of Authorized Agent and Title: **John J. Johnson**

Date: **12-22-87**

⑯ TRANSPORTER (Hauler Must Complete)

⑰ NAME **OIL PROCESS CO.**

EPA NO. **CAD050806850**

ADDRESS **5756 Alba Street**

CITY, STATE, ZIP **Los Angeles, California 90058**

⑲ TSD FACILITY **OFFSHORE OIL PROCESSING**

⑳ NAME **OFFSHORE OIL PROCESSING**

EPA NO. **CAD050806850**

PHONE NO. **(213) 585-5083**

⑳ QUANTITY (If Measured) **100 Barrels**

⑳ STATE FEE (If Any) **\$100.00**

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

⑳ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

⑳ NAME **None**

EPA NO. **None**

⑳ HANDLING OR DISPOSAL METHOD:

Surface Impoundment  Landfill

Injection Well  Land Treatment

Treatment (Specify) \_\_\_\_\_

Recovery or Reuse  Storage/Transfer

⑳ Signature of Authorized Agent and Title: **John J. Johnson**

Date Accepted: **1-16-82**

# CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

See reverse side for Instructions.  
Please type or print clearly. Press Hard.

① Manifest **227-023840**  
② Number

**GENERATOR** (Generator Must Complete)

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

④ Alternate TSD Facility

|                  |  |  |  |
|------------------|--|--|--|
| ② Name           | Name <b>J. M. Morris</b>   |  |  |
| EPA NO.          | <input type="checkbox"/> |  |  |
| Address          | Phone No. <b>(213) 585-5063</b>  |  |  |
| City, State, Zip | <b>Los Angeles, California 90058</b>   |  |  |

|                                 |                  |                    |         |                  |             |                    |
|---------------------------------|------------------|--------------------|---------|------------------|-------------|--------------------|
| ⑤ U.S. DOT PROPER SHIPPING NAME | HAZARD CLASS     | U.N./D.O.T. ID NO. | UN/INA. | WEIGHT OR VOLUME | UNITS       | CONTAINERS NUMBER: |
| WASTE                           | <b>Hazardous</b> |                    |         | <b>27.1</b>      | <b>LBS.</b> | <b>1</b>           |
| WASTE                           |                  |                    |         |                  |             |                    |

|                  |                             |             |          |             |             |                      |
|------------------|-----------------------------|-------------|----------|-------------|-------------|----------------------|
| ⑥ WASTE CATEGORY | ⑦ EX. HAZ. WASTE PERMIT NO. |             |          |             |             | ⑧ GENERATING PROCESS |
|                  | CONC. LOWER                 | RANGE       | UNITS    | CONC. UPPER | RANGE LOWER | UNITS                |
| A.               | <b>0</b>                    | <b>PPM.</b> | <b>0</b> | <b>0</b>    | <b>0</b>    | <b>PPM.</b>          |
| B.               | <b>0</b>                    | <b>PPM.</b> | <b>0</b> | <b>0</b>    | <b>0</b>    | <b>PPM.</b>          |
| C.               | <b>0</b>                    | <b>PPM.</b> | <b>0</b> | <b>0</b>    | <b>0</b>    | <b>PPM.</b>          |
| D.               | <b>0</b>                    | <b>PPM.</b> | <b>0</b> | <b>0</b>    | <b>0</b>    | <b>PPM.</b>          |

|                                  |                                 |                                    |   |                                   |                                     |   |
|----------------------------------|---------------------------------|------------------------------------|---|-----------------------------------|-------------------------------------|---|
| ⑨ WASTE PROPERTIES: pH           | <input type="checkbox"/> Toxic  | <input type="checkbox"/> Flammable | <input type="checkbox"/> Corrosive/Irritant | <input type="checkbox"/> Reactive | <input type="checkbox"/> Sensitizer | <input type="checkbox"/> Carcinogen/Mutagen |
| ⑩ PHYSICAL STATE:                | <input type="checkbox"/> Solid  | <input type="checkbox"/> Liquid    | <input type="checkbox"/> Sludge             | <input type="checkbox"/> Slurry   | <input type="checkbox"/> Gas        | <input type="checkbox"/> Other              |
| ⑪ SPECIAL HANDLING INSTRUCTIONS: | <input type="checkbox"/> Gloves | <input type="checkbox"/> Goggles   | <input type="checkbox"/> Respirator         | <input type="checkbox"/> Other    | <b>No HAZ</b>                       |   |

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

**TRANSPORTER** (HAULER MUST COMPLETE)

⑭ NAME **OIL PROCESS CO.**  
EPA NO. **CAD050806850**  
ADDRESS **6768 Alba Street**  
CITY, STATE, ZIP **Los Angeles, California 90058**

**TSD FACILITY** (FACILITY OPERATOR MUST COMPLETE)

⑯ NAME **Oil Process Co.** QUANTITY (If Measured) **48**  
P.A. NO. **1234567890** STATE FEE (If Any) **0**  
⑰ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND EQUIPMENT:  
⑱ NAME **None**

⑲ WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:  
⑳ NAME **None**

⑳ HANDBL. **6-29-82** Date Shipped **6-29-82** Date **6-29-82**

⑳ PICK-UP DATE **6-29-82** TIME **AM** PM **AM**

⑳ Signature of Authorized Agent and Title **J. Morris**

⑳ Signature of Authorized Agent and Title **None**

⑳ HANDBL. **6-29-82** Date Shipped **6-29-82** Date **6-29-82**

⑳ HANDLING OR DISPOSAL METHOD:  
 Surface Impoundment  Landfill  
 Injection Well  Land Treatment  
 Treatment (Specify) \_\_\_\_\_  
 Recovery or Reuse  Storage/Transfer

## **APPENDIX B**

## PRODUCER OF WASTE (Must be filled by producer)

**Douglas Anchafft Co.**Plant or Facility Address: **2855 Lathwood Blvd. Long Beach**Pick up Address: **133-3083 P.O. or Contract No. S4S 16095-C**Telephone Number: **(213) 543-3083**Order Placed By: **J.F. Stang**Type of Process which Produced Waste: **MILL COOLANT - MILL #60**Code No.: **██████████**

(Example: metal plating equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

## Check type of wastes:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Acid solution     | <input type="checkbox"/> Tetrachloro lead sludge | <input type="checkbox"/> Contaminated soil and sand |
| <input type="checkbox"/> Alkaline solution | <input type="checkbox"/> Chemical toilet wastes  | <input type="checkbox"/> Cannery waste              |
| <input type="checkbox"/> Pesticides        | <input type="checkbox"/> Tank bottom sediment    | <input type="checkbox"/> Latex waste                |
| <input type="checkbox"/> Paint sludge      | <input type="checkbox"/> Oil                     | <input checked="" type="checkbox"/> and water       |
| <input type="checkbox"/> Solvent           | <input type="checkbox"/> Drilling mud            | <input type="checkbox"/> Brine                      |

Other (Specify) **Biodegradable Mill Coolant** Code No.: **██████████**

(Example: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanides)

1. **SaerBlue Oil**Concentration: % **28**Upper Concentration: % **—**Lower Concentration: % **—**Handling Method(s): **X** recovery treatment (specify): **—** disposal (specify): **—** other **—**

If waste is to be disposed of off-site, indicate the terms of removal or transport, State Department of Health, or local restrictions.

Disposal Date: **1/15/80**

I certify the information on this form is true and correct.

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## HAULER OF WASTE (Must be filled by hauler)

## OIL PROCESS CO.

5755 Alba Street, Los Angeles, California 90048

Phone: (213) 585-5261

41-15-80

PICK UP TO DATE: **1/15/80**

227

No. of Loads or Trips: **1**Unit No.: **10**Job No.: **12755**No. of Loads or Trips: **1**Unit No.: **10**Vehicle: **[check] Vacuum truck**Hauler: **[initials]**State Liquid Waste Hauler's Registration No. (if applicable): **—**

The described waste was handled by me to the disposal facility named below and is accepted

facility name: **—**Date: **4-14-80**The described waste was handled by me to the disposal facility name: **—**Date: **—**The described waste was handled by me to the disposal facility name: **—**Date: **—**The described waste was handled by me to the disposal facility name: **—**Date: **—**The described waste was handled by me to the disposal facility name: **—**Date: **—**The described waste was handled by me to the disposal facility name: **—**Date: **—**The described waste was handled by me to the disposal facility name: **—**Date: **—**The described waste was handled by me to the disposal facility name: **—**Date: **—**The described waste was handled by me to the disposal facility name: **—**Date: **—**The described waste was handled by me to the disposal facility name: **—**Date: **—**The described waste was handled by me to the disposal facility name: **—**Date: **—**The described waste was handled by me to the disposal facility name: **—**Date: **—**The described waste was 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**CALIFORNIA LIQUID WASTE HAULER LICENSE**  
 STATE WATER RESOURCES CONTROL BOARD  
 STATE DEPARTMENT OF HEALTH

221-13697

## PRODUCER OF WASTE (Must be filled by producer)

Name: Douglas Hatcher Co. Case No.         
 Pick up Address: 3555 Lakewood Blvd - Long Beach Case No.         
 Telephone Number: (213) 523-3083 P.O. or Contract No.: 150216055-e  
 Order Placed By: J.F. Stang. Date: 6-10-80

## HAULER OF WASTE (Must be filled by hauler)

OIL PROCESS CO.

5755 Althea Street, Los Angeles, California 90053  
 Phone: (213) 585-5053Case No.        Date: 6-10-80 Time: OpenPick Up: 6-10-80 Time: OpenState Liquid Waste Hauler's Registration No. (If applicable): 227Job No.: 13556 No. of Loads or Trips: 1 Unit No. 10 for accountVehicle:  vacuum truck  steel barrels,  flated,  other

The described waste was hauled by me to the disposal facility named below and was accepted.

## Check type of waste:

- |   |   |   |
|---|---|---|
| 1. <input type="checkbox"/> Acid solution     | <input type="checkbox"/> Tetrethyl lead sludge  | 11. <input type="checkbox"/> Contaminated soil and sand |
| 2. <input type="checkbox"/> Alkaline solution | <input type="checkbox"/> Chemical toilet wastes | 12. <input type="checkbox"/> Cemetery waste             |
| 3. <input type="checkbox"/> Petroleum         | <input type="checkbox"/> Tank bottom sediment   | 13. <input type="checkbox"/> Latex waste                |
| 4. <input type="checkbox"/> Paint sludge      | <input type="checkbox"/> Oil                    | 14. <input checked="" type="checkbox"/> Land and water  |
| 5. <input type="checkbox"/> Solvent           | <input type="checkbox"/> Drilling mud           | 15. <input type="checkbox"/> Brine                      |

Other (Specify): Biodegradable Mill Coagulant Case No.         
 Components: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanides

1. Soluble Coagant Upper Concentration: % ppm  
 Lower 2 —

2. MUD & WASTE 2C —

3. — —

4. — —

5. — —

6. — —

## Hazardous Properties of Waste:

pH 7  none  toxic  flammable  corrosive  explosive  
 Containers 4000 40  tons  barrels  (42 gal.)  other  other  
CONTAINER 2000  drums  cartons  bags  other  
 Physical State:  solid  liquid  sludge  other  other

Special Handling Instructions (If any): None

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).  
 I certify (or declare) under penalty of perjury that the foregoing is true and correct.

J. J. Hatcher  
 SIGNATURE, PRINT AND TITLE  
 AUTHORIZED AGENT

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
 HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9400.

D.O.T. Proper Shipping Name \_\_\_\_\_

Received December 1974

# CALIFORNIA LIQUID WASTE HAULER FORM

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

14506

221-13726

PRODUCER OF WASTE (Must be filled by producer)

□ □ □ □

Name: Douglas Aircraft Co.

Code No.: 1000

Phone No.: (714) 532-3060

Address: 1955 Lakewood Blvd - Long Beach

City: Long Beach

State: CA

Zip: 90505

Country: USA

Phone: (213) 585-5063

Fax:

Telex:

Contract No.: S1S16095-C

Number: 1000

Phone:

Fax:

Telex:

Contract:

Number:

Phone:

Fax:

Telex:

HAULER OF WASTE (Must be filled by hauler)

□ □

Code No.:

Date: 12-16-80

Time: 10:00 AM

Pick Up: 8-16-80

Time: 11:00 AM

Unit No.: 227

Site Liquid Waste Hauler's Registration No. (If applicable):

No. of Loads or Trips: 1

Job No.: 4520

Vehicle: A vacuum truck

100 barrels.  Hopper.  Other (specify):

Code No.:

Date: 12-16-80

Time: 10:00 AM

Pick Up: 8-16-80

Time: 11:00 AM

Unit No.: 227

Site Liquid Waste Hauler's Registration No. (If applicable):

No. of Loads or Trips: 1

Job No.: 4520

Vehicle: A vacuum truck

100 barrels.  Hopper.  Other (specify):

Code No.:

Date: 12-16-80

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Pick Up: 8-16-80

Time: 11:00 AM

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Site Liquid Waste Hauler's Registration No. (If applicable):

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Code No.:

Date: 12-16-80

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Job No.: 4520

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100 barrels.  Hopper.  Other (specify):

Code No.:

Date: 12-16-80

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Pick Up: 8-16-80

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Unit No.: 227

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Job No.: 4520

Vehicle: A vacuum truck

100 barrels.  Hopper.  Other (specify):

Code No.:

Date: 12-16-80

Time: 10:00 AM

Pick Up: 8-16-80

Time: 11:00 AM

Unit No.: 227

Site Liquid Waste Hauler's Registration No. (If applicable):

No. of Loads or Trips: 1

Job No.: 4520

Vehicle: A vacuum truck

100 barrels.  Hopper.  Other (specify):

Code No.:

Date: 12-16-80

Time: 10:00 AM

Pick Up: 8-16-80

Time: 11:00 AM

Unit No.: 227

Site Liquid Waste Hauler's Registration No. (If applicable):

No. of Loads or Trips: 1

Job No.: 4520

Vehicle: A vacuum truck

100 barrels.  Hopper.  Other (specify):

Code No.:

Date: 12-16-80

Time: 10:00 AM

Pick Up: 8-16-80

Time: 11:00 AM

Unit No.: 227

Site Liquid Waste Hauler's Registration No. (If applicable):

No. of Loads or Trips: 1

Job No.: 4520

Vehicle: A vacuum truck

100 barrels.  Hopper.  Other (specify):

Code No.:

# WALIPUNKIA LIQUID WASTE HAULER REGISTRY

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

11528

221 - 13700

## PRODUCER OF WASTE (Must be filled by producer)

**Douglass Alcock Co.**[PRINT OR TYPE] **1455 La Hacienda Dr - Long Beach**[PRINT OR TYPE] **Telephone Number: 412-593-2062 P.O. or Contract No. 642/6095-C**Order Placed By: **J.E. Stang**Date: **6-24-80**Type of Producer: **CATCH SEUPS - PLANT LIQUIDE**

(Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

## Check type of waste:

- |   |   |   |
|---|---|---|
| 1. <input type="checkbox"/> Acid solution           | 6. <input type="checkbox"/> Tetrachloro lead sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 2. <input type="checkbox"/> Alkaline solution       | 7. <input type="checkbox"/> Chemical toilet wastes  | 12. <input type="checkbox"/> Canner waste               |
| 3. <input type="checkbox"/> Particulates            | 8. <input type="checkbox"/> Tank bottom sediment    | 13. <input type="checkbox"/> Latex waste                |
| 4. <input checked="" type="checkbox"/> Paint sludge | 9. <input type="checkbox"/> Oil                     | 14. <input checked="" type="checkbox"/> Mud and water   |
| 5. <input type="checkbox"/> Solvent                 | 10. <input type="checkbox"/> Drilling mud           | 15. <input type="checkbox"/> Brine                      |

 Other (Specify) \_\_\_\_\_

Components: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanides

(Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

Concentration: % ppm

case no. \_\_\_\_\_

Handling Method(s):

- recovery  
 treatment (Specify): **Incineration, neutralization, precipitation**  
 disposal (Specify): **Spreading, pond**  landfill  injection well  
 other (Specify): **None**

If waste is held for disposal (Specify) final location:

Disposal Date: **7/10/80**

I certify (or declare) under penalty of perjury  
 that the foregoing is true and correct.  
*John Stang*

SIGNATURE OF AUTHORIZED AGENT AND TITLE  
 SIGNATURE OF AUTHORIZED ACTUARY AND TITLE  
 The site operator shall submit a legible copy of each completed Record to the State Department of  
 Health with monthly fee reports.

|   |                                |  |                                    |                                    |                                    |
|---|--------------------------------|--|------------------------------------|------------------------------------|------------------------------------|
| Hazardous Properties of Waste:          | <input type="checkbox"/> none  | <input type="checkbox"/> toxic             | <input type="checkbox"/> flammable | <input type="checkbox"/> corrosive | <input type="checkbox"/> explosive |
| pH                                      | <b>2</b>                       |  | <b>2</b>                           | <b>2</b>                           |                                    |
| Bulk Volume:                            | <b>462.00</b>                  | <input type="checkbox"/> tons              | <input type="checkbox"/> barrels   | <input type="checkbox"/> other     | <b>462 gal.</b>                    |
| Containers:                             | <b>1-1000</b>                  | <input type="checkbox"/> drums             | <input type="checkbox"/> cartons   | <input type="checkbox"/> bags      | <input type="checkbox"/> other     |
| Physical State:                         | <input type="checkbox"/> solid | <input checked="" type="checkbox"/> liquid | <input type="checkbox"/> sludge    | <input type="checkbox"/> other     | <b>Sludge</b>                      |
| Special Handling Instructions (if any): |                                |  |                                    |                                    |                                    |

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).  
 I certify (or declare) under penalty of perjury  
 that the foregoing is true and correct.  
*J. Stang*

## HAULER OF WASTE (Must be filled by hauler)

 

## OIL PROCESS CO.

5756 Alta Street, Los Angeles, California 90058

Phone: (213) 585-5083

PICK UP: **6-24-80** TIME: **AM**  
 DATE: **227**

COST NO. \_\_\_\_\_

NO. of Loads or Trips: **1**Unit No. **17**Vehicle: **Vacuum truck**  flatbed,  other **(specify)**State Liquid Waste Hauler's Registration No. (if applicable): **17773**No. of Loads or Trips: **1**Unit No. **17**Signature of Authorized Agent and Title: *John Stang*

SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

 

## OPERATING INDUSTRIES, INC.

 Name (print or type): **OPERATING INDUSTRIES, INC.**

COST NO. \_\_\_\_\_

Site Address: **2425 So. Franklin Ave.**Quantity measured at site (if applicable): **100**State fee (if any): **\$175.00**

Handling Method(s):

- recovery  
 treatment (Specify): **Incineration, neutralization, precipitation**  
 disposal (Specify): **Spreading, pond**  landfill  injection well  
 other (Specify): **None**

If waste is held for disposal (Specify) final location:

Disposal Date: **7/10/80**

I certify (or declare) under penalty of perjury  
 that the foregoing is true and correct.  
*John Stang*

SIGNATURE OF AUTHORIZED AGENT AND TITLE  
 SIGNATURE OF AUTHORIZED ACTUARY AND TITLE  
 The site operator shall submit a legible copy of each completed Record to the State Department of  
 Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
 HAZARDOUS WASTE OR OTHER MATERIALS CALL (BNC) 424-9101.

D.O.T. Proper Shipping Name  
*J. Stang*

SIGNATURE OF AUTHORIZED AGENT AND TITLE

BOE-C6-0119770

# CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

11358

Revised December 1974

## PRODUCER OF WASTE (Must be filled by producer)

Name: Douglas Aircraft  
Plant or Number: 190TH & NORMANDIE  
Pick up Address: Torrance, CA 90503  
Telephone Number: (213) 505-5053  
Order Placed By: Same

Type of Process  
which Produced Waste: Paint baths  
(Examples: metal plating, equipment cleaning, oil drilling -  
water/water treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

Check type of waste:

- |   |  |   |
|---|--|---|
| 1. <input type="checkbox"/> Acid solution           | 6. <input type="checkbox"/> Tetrachethyl lead sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 2. <input type="checkbox"/> Alkaline solution       | 7. <input type="checkbox"/> Chemical toilet wastes   | 12. <input type="checkbox"/> Cannery waste              |
| 3. <input type="checkbox"/> Pesticides              | 8. <input type="checkbox"/> Tank bottom sediment     | 13. <input type="checkbox"/> Latex waste                |
| 4. <input checked="" type="checkbox"/> Paint sludge | 9. <input type="checkbox"/> Oil                      | 14. <input checked="" type="checkbox"/> Mud and water   |
| 5. <input type="checkbox"/> Solvent                 | 10. <input type="checkbox"/> Drilling mud            | 15. <input type="checkbox"/> Brine                      |

- Other (Specify)  
(Examples: Hydrochloric acid, lime, caustic soda,  
phenolics, solvents (list), metals (list),  
organics (list), cyanide)

Components:

phenolics, solvents (list), metals (list),  
organics (list), cyanide

## Hazardous Properties of Waste:

pH: 7  none  toxic  flammable  corrosive  explosive

Bulk Volume: 25  gal  tons  barrels 142 gal  other 142 gal

Containers: Number:  drums  caskets  bags  other Drum

Physical State:  solid  liquid  sludge  other Liquid

Special Handling Instructions (if any): None

## HAULER OF WASTE (Must be filled by hauler)

CODE NO.

5756 Alba Street, Los Angeles, California 90068  
Phone: (213) 505-5053  
PICK UP: 2-23-80  10:30 AM  Time

State Liquid Waste Hauler's Registration No. (if applicable): 227

Job No.: 1626  No. of Loads or Trips: 1  Unit No. 12

Vehicle:  vacuum truck 60 barrels  flatbed  other  specify

The described waste was hauled by me to the disposal facility named below and was accepted.

Monterey Park, Calif.  
Signature: John M. Hart  
Signature of AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

NAME: MONTEREY PARK INDUSTRIES, INC.  
Address: 2425 So. Garfield Ave.  
Name (print or type): John M. Hart  Code No.

Site Address: Monterey Park, Calif. 91754  
Name (print or type): John M. Hart  Code No.

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 55  State fee (if any): \$275

Handling Method(s):  recovery  treatment (specify): Landfill incineration, neutralization, precipitation  Code No.

disposal (specify):  pond  spreading Landfill  injection well  other (specify): Landfill  Code No.

If waste is held for disposal elsewhere specify final location: 227-28  Code No.

Disposal Date: 2-22-80  Code No.

I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.  
John M. Hart  Code No.

THE SITE OPERATOR SHALL SUBMIT A LEGIBLE COPY OF EACH COMPLETED RECORD TO THE STATE DEPARTMENT OF  
HEALTH WITH MONTHLY FEES REPORTS.

P. J. Hart  Code No.

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-8300.

D.O.T. Proper Shipping Name

Nature of AUTHORIZED AGENT AND TITLE

DISPOSAL STATE COPY

227-012537

BOE-C6-0119771

# CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

143315

Revised December 1974

227-010497

**PRODUCER OF WASTE (Must be filled by producer)**

Name: PROGRESS AIRCRAFT Code No.:

Pick up Address: 150TH + NORMANDIE [check] Code No.:     
Telephone Number: (415) 526-5654 P.O. or Contract No.:     
G-200 80 OTC

Order Placed By: Santa

Type of Process  
which Produced Waste:

(Examples: metal plating, equipment cleaning, oil drilling -  
wastewater treatment, pickling bath, petroleum refining)

**DESCRIPTION OF WASTE (Must be filled by producer)**

**Check type of wastes:**

- |   |  |   |
|---|--|---|
| 1. <input type="checkbox"/> Acid solution     | 6. <input type="checkbox"/> Tetrethyl lead sludge  | 11. <input type="checkbox"/> Contaminated soil and sand |
| 2. <input type="checkbox"/> Alkaline solution | 7. <input type="checkbox"/> Chemical toilet wastes | 12. <input type="checkbox"/> Cemetery waste             |
| 3. <input type="checkbox"/> Pesticides        | 8. <input type="checkbox"/> Tank bottom sediment   | 13. <input type="checkbox"/> Latex waste                |
| 4. <input type="checkbox"/> Paint sludge      | 9. <input type="checkbox"/> Oil                    | 14. <input type="checkbox"/> Sludge and water           |
| 6. <input type="checkbox"/> Solvent           | 10. <input type="checkbox"/> Drilling mud          | 15. <input type="checkbox"/> Brine                      |

Other (Specify): bio degradable Code No.:   
Components:  
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

1. Soil Sediment

2. Used TFR

3.

4.

5.

6.

Concentration: % Lower \_\_\_\_\_ Upper \_\_\_\_\_ perm \_\_\_\_\_  
2

Handling Method(s):  
 recovery  
 treatment (specify): (examples) incineration, neutralization, precipitation  
 disposal (specify): spreading  pond  landfill  injection well  
 other (specify):

If waste is held for disposal: Y-17-20 Final location: \_\_\_\_\_ Disposal Date: \_\_\_\_\_

I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.

Hazardous Properties of Waste:  
pH 8  none  toxic  flammable  corrosive  explosive

Bulk Volume: 100  gal  tons  barrels 142 gal.  other TRUCK

Containers: NUMBER  drums  cartons  bags  other TRUCK

Physical State:  solid  liquid  sludge  other TRUCK

Special Handling Instructions (if any): None

**HAULER OF WASTE (Must be filled by hauler)**

Code No.:

**OIL PROCESS CO.**

5758 Alba Street, Los Angeles, California 90058  
Phone: (213) 535-5063

Pick Up: 2:30-30 Time: 2:50 PM

Job No.: 227

No. of Loads or Trips: 1 Unit No: 44  
Vehicle:  Vacuum truck  flatbed,  other specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.

John H. Clark Agent and Title

**DISPOSER OF WASTE (Must be filled by disposer)**

Name (print or type): 227 So. Garfield Ave. Code No.:

Site Address: \_\_\_\_\_

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): \_\_\_\_\_ State (if any): \_\_\_\_\_

Handling Method(s):

recovery  
 treatment (specify): (examples) incineration, neutralization, precipitation  
 disposal (specify): spreading  pond  landfill  injection well  
 other (specify):

If waste is held for disposal: Y-17-20 Final location: \_\_\_\_\_ Disposal Date: \_\_\_\_\_

I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.

John H. Clark Agent and Title

**SIGNATURE OF AUTHORIZED AGENT AND TITLE**

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

**SIGNATURE OF AUTHORIZED AGENT AND TITLE**

J. H. Clark

**SIGNATURE OF AUTHORIZED AGENT AND TITLE**

J. H. Clark

**SIGNATURE OF AUTHORIZED AGENT AND TITLE**

J. H. Clark

**SIGNATURE OF AUTHORIZED AGENT AND TITLE**

J. H. Clark

**SIGNATURE OF AUTHORIZED AGENT AND TITLE**

J. H. Clark

**SIGNATURE OF AUTHORIZED AGENT AND TITLE**

J. H. Clark

**SIGNATURE OF AUTHORIZED AGENT AND TITLE**

J. H. Clark

**SIGNATURE OF AUTHORIZED AGENT AND TITLE**

J. H. Clark

**SIGNATURE OF AUTHORIZED AGENT AND TITLE**

**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING**

**HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.**

**D.O.T. Proper Shipping Name**

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.





See reverse side for instructions.  
Please type or print clearly. Pens Hard.

# CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest **227-019148**  
② Number

## GENERATOR (Generator Must Complete)

② Name **Dioxexx Ancestry**

EPA NO. **C4D08651005**

Address **1901 10th Street, Sacramento, CA 95814**

City, State, Zip **95814**

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name **Binary Chemical & Co.**

EPA NO. **C4TDS10012023**

Address **2600 North Main Street, San Jose, CA 95110**

City, State, Zip **95110**

④ Alternate TSD Facility

Name **Chemtrol IND**

EPA NO. **C4TDS10012023**

Address **1100 Market St., Philadelphia, PA, 19103**

City, State, Zip **19103**

| 5 U.S. DOT PROPER SHIPPING NAME          | U.S. DOT HAZARD CLASS | UN/INA ID NO. | WEIGHT OR VOLUME | UNITS   | CONTAINERS NUMBER: | TYPE:      | BAGS | CARTONS | DUMP TRUCK | OTHER |
|--|-----------------------|---------------|------------------|---------|--------------------|------------|------|---------|------------|-------|
| WASTE <b>HIC OXIDEABLE AND FLAMMABLE</b> | 8                     |               | 1000             | GALLONS | 1                  | DRUMS      |      |         |            |       |
| WASTE <b>WA TER</b>                      | 9                     | 97            | 4500             | GALLONS | 1                  | TANK TRUCK |      |         |            |       |

⑥ WASTE CATEGORY **H-L13** ⑦ EX. HAZ. WASTE PERMIT NO. **3-1804** ⑧ GENERATING PROCESS **Alkali**

| RANGE LOWER | RANGE UPPER | UNITS | CONT. |
|-------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 0%          | 5%          | ppm.  | E.    |       |       |       |       |       |       |       |
| 5%          | 10%         | ppm.  | F.    |       |       |       |       |       |       |       |
| 10%         | 15%         | ppm.  | G.    |       |       |       |       |       |       |       |
| 15%         | 20%         | ppm.  | H.    |       |       |       |       |       |       |       |
| 20%         | 25%         | ppm.  | I.    |       |       |       |       |       |       |       |
| 25%         | 30%         | ppm.  | J.    |       |       |       |       |       |       |       |
| 30%         | 35%         | ppm.  | K.    |       |       |       |       |       |       |       |
| 35%         | 40%         | ppm.  | L.    |       |       |       |       |       |       |       |
| 40%         | 45%         | ppm.  | M.    |       |       |       |       |       |       |       |
| 45%         | 50%         | ppm.  | N.    |       |       |       |       |       |       |       |
| 50%         | 55%         | ppm.  | O.    |       |       |       |       |       |       |       |
| 55%         | 60%         | ppm.  | P.    |       |       |       |       |       |       |       |
| 60%         | 65%         | ppm.  | Q.    |       |       |       |       |       |       |       |
| 65%         | 70%         | ppm.  | R.    |       |       |       |       |       |       |       |
| 70%         | 75%         | ppm.  | S.    |       |       |       |       |       |       |       |
| 75%         | 80%         | ppm.  | T.    |       |       |       |       |       |       |       |
| 80%         | 85%         | ppm.  | U.    |       |       |       |       |       |       |       |
| 85%         | 90%         | ppm.  | V.    |       |       |       |       |       |       |       |
| 90%         | 95%         | ppm.  | W.    |       |       |       |       |       |       |       |
| 95%         | 100%        | ppm.  | X.    |       |       |       |       |       |       |       |

⑨ LIST COMPONENTS: **A. Bio**  **B. Water**  **C.**  **D.**  **E.**  **F.**  **G.**  **H.**  **I.**  **J.**  **K.**  **L.**  **M.**  **N.**  **O.**  **P.**  **Q.**  **R.**  **S.**  **T.**  **U.**  **V.**  **W.**  **X.**  **Y.**  **Z.**

⑩ WASTE PROPERTIES: **P-H**  **Toxic**  **Sludge**  **Slurry**  **Gases**  **Corrosive/Irritant**  **Reactive**  **Sensitizer**  **Other**

⑪ PHYSICAL STATE:  **Solid**  **Liquid**  **Gas**  **Other**

⑫ SPECIAL HANDLING INSTRUCTIONS:  **Gloves**  **Goggles**  **Respirator**  **Other**

⑬ GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-BEPO

TRANSPORTER] HAULER MUST COMPLETE) OIL PROCESS CO. # **11-17389**

⑭ NAME **CAD050806850** PHONE NO. **(213) 586-5083**

ADDRESS **5758 Alba Street** CITY, STATE, ZIP **Los Angeles, California 90058**

TSD FACILITY] (FACILITY OPERATOR MUST COMPLETE) **Chemical Tech Inc** QUANTITY (if known) **100** STATE FEE (in Am) **2029**

⑯ NAME **J. Mizrahi** PHONE NO. **(213) 586-5083** CITY, STATE, ZIP **Los Angeles, California 90058**

⑰ NAME **J. Mizrahi** PHONE NO. **(213) 586-5083** CITY, STATE, ZIP **Los Angeles, California 90058**

⑱ NAME **J. Mizrahi** PHONE NO. **(213) 586-5083** CITY, STATE, ZIP **Los Angeles, California 90058**

⑲ NAME **J. Mizrahi** PHONE NO. **(213) 586-5083** CITY, STATE, ZIP **Los Angeles, California 90058**

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:  **IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:**

㉑ NAME **J. Mizrahi** PHONE NO. **(213) 586-5083** CITY, STATE, ZIP **Los Angeles, California 90058**

㉒ NAME **J. Mizrahi** PHONE NO. **(213) 586-5083** CITY, STATE, ZIP **Los Angeles, California 90058**

㉓ NAME **J. Mizrahi** PHONE NO. **(213) 586-5083** CITY, STATE, ZIP **Los Angeles, California 90058**

㉔ NAME **J. Mizrahi** PHONE NO. **(213) 586-5083** CITY, STATE, ZIP **Los Angeles, California 90058**

Date Accepted **5-19-81**

# CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814 (916) 264-8122

reverse side for instructions.  
One type or print clearly. Press Hard.

## GENERATOR (Generator Must Complete)

(3) Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name Douglas Are Bentz Co.

PA NO. CAD086510005

Address 1004 Pacific Marine, Inc.

City, State, Zip Long Beach, Calif.

WASTE Multisite Coal Ash

WASTE

|  |  |                        |  |
|--|--|------------------------|--|
| Name <u>Perfecting Tech.</u>               |  | Name _____             |  |
| EPA NO. <u>C117280512024</u>               |  | EPA NO. _____          |  |
| Address <u>2425 Cypress Park, Ctr.</u>     |  | Address _____          |  |
| City, State, Zip <u>Long Beach, Calif.</u> |  | City, State, Zip _____ |  |
|  |  |                        |  |

|                                 |  |                       |  |               |  |                  |  |         |  |                    |  |
|---------------------------------|--|-----------------------|--|---------------|--|------------------|--|---------|--|--------------------|--|
| U.S. DOT PROPER SHIPPING NAME   |  | U.S. DOT HAZARD CLASS |  | UN/INA ID NO. |  | WEIGHT OR VOLUME |  | UNITS   |  | CONTAINERS NUMBER: |  |
| <u>WASTE Multisite Coal Ash</u> |  | <u>N/A</u>            |  | <u>4200</u>   |  | <u>Back</u>      |  | <u></u> |  | <u>1</u>           |  |
|                                 |  |                       |  |               |  |                  |  |         |  |                    |  |
|                                 |  |                       |  |               |  |                  |  |         |  |                    |  |
|                                 |  |                       |  |               |  |                  |  |         |  |                    |  |

|                                |  |                                 |  |  |  |   |  |                                   |  |                                     |  |   |  |
|--------------------------------|--|---------------------------------|--|--|--|---|--|-----------------------------------|--|-------------------------------------|--|---|--|
| WASTE CATEGORY                 |  | CONC. UPPER                     |  | CONC. LOWER                                |  | UNITS                                       |  | UNITS                             |  | RANGE LOWER                         |  | RANGE UPPER                                 |  |
| LIST COMPONENTS:               |  | <u>4</u>                        |  | <u>2</u>                                   |  | <u>% ppm.</u>                               |  | <u>% ppm.</u>                     |  | <u>%</u>                            |  | <u>% ppm.</u>                               |  |
| A. <u>Liquids</u>              |  | <u>28</u>                       |  | <u>26</u>                                  |  | <u>% ppm.</u>                               |  | <u>% ppm.</u>                     |  | <u>%</u>                            |  | <u>% ppm.</u>                               |  |
| B. <u>Solids</u>               |  | <u></u>                         |  | <u></u>                                    |  | <u>% ppm.</u>                               |  | <u>% ppm.</u>                     |  | <u>%</u>                            |  | <u>% ppm.</u>                               |  |
| C. <u></u>                     |  | <u></u>                         |  | <u></u>                                    |  | <u>% ppm.</u>                               |  | <u>% ppm.</u>                     |  | <u>%</u>                            |  | <u>% ppm.</u>                               |  |
| D. <u></u>                     |  | <u></u>                         |  | <u></u>                                    |  | <u></u>                                     |  | <u></u>                           |  | <u></u>                             |  | <u></u>                                     |  |
| WASTE PROPERTIES: PH           |  | <input type="checkbox"/> Toxic  |  | <input type="checkbox"/> Flammable         |  | <input type="checkbox"/> Corrosive/Irritant |  | <input type="checkbox"/> Reactive |  | <input type="checkbox"/> Sensitizer |  | <input type="checkbox"/> Carcinogen/Mutagen |  |
| PHYSICAL STATE:                |  | <input type="checkbox"/> Solid  |  | <input checked="" type="checkbox"/> Liquid |  | <input type="checkbox"/> Sludge             |  | <input type="checkbox"/> Slurry   |  | <input type="checkbox"/> Gas        |  | <input type="checkbox"/> Other              |  |
| SPECIAL HANDLING INSTRUCTIONS: |  | <input type="checkbox"/> Gloves |  | <input type="checkbox"/> Goggles           |  | <input type="checkbox"/> Respirator         |  | <input type="checkbox"/> Other    |  | <input type="checkbox"/> Label      |  | <input type="checkbox"/> Handle             |  |

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

TRANSPORTER (HAULER MUST COMPLETE)

NAME OIL PROCESS CO. INC. PHONE NO. (213) 585-5083  
PA NO. CAD050806850

ADDRESS 5758 Alba Street CITY, STATE, ZIP Los Angeles, California 90058

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)  
NAME Office of Solid Waste QUANTITY (If Measured) 100 Bar  
PA NO. CATK18012024 STATE FEE (If Any) \_\_\_\_\_

HOME NO. \_\_\_\_\_ BOE-C6-0119776  
(20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

(21) HANDLING OR DISPOSAL METHOD:  
 Surface Impoundment  Land Treatment  
 Injection Well  Treatment (Specify) \_\_\_\_\_  
 Recovery or Reuse  Storage/Transfer

(22) NAME J. Hill EPA NO. 0119776  
Signature of Authorized Agent and Title  
Date Accepted 12/11/92

## CALIFORNIA HAZARDOUS WASTE MANIFEST

14814.

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814① Manifest Number **227-023093**Reverse side for Instructions.  
Same type or print clearly. Press Hard.

## GENERATOR (Generator Must Complete)

② Name **Danish Aircraft**EPA NO. **□ □ □ □ □ □**Address **1907 E. 20th Street Phone No. □ □ □ □ □ □**City, State, Zip **Montebello CA 90646**

- ③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)
- ④ Alternate TSD Facility

Name **OPERATIONS IN'D**  
EPA NO. **□ □ □ □ □ □**

Address **900 PASTORO Blvd**

City, State, Zip **MONTEBELLO CA 90646**

U.S. DOT PROPER SHIPPING NAME **Waste**HAZARD CLASS **Waste**UN/NA ID NO. **100**WEIGHT OR VOLUME **TONS**UNITS **TONS**CONTAINERS NUMBER **1**TYPE:  DRUMS  BAGS  CARTONS TANK TRUCK  DUMP TRUCK OTHER⑥ WASTE CATEGORY **Hazardous**EX. HAZ. WASTE PERMIT NO. **12-21-81**⑦ LIST COMPONENTS: **70**⑧ PHYSICAL STATE: **Liquid**⑨ SPECIAL HANDLING INSTRUCTIONS: **Gloves Goggles Respirator**⑩ WASTE PROPERTIES: PH **7**⑪ TOXICITY **Toxic**⑫ FLAMMABLE **Flammable**⑬ SLURRY **Sludge**⑭ GASEOUS **Gas**⑮ OTHER **Other**⑯ QUANTITY (If Measured) **19500**⑰ STATE FEE (If Any) **12024**⑱ FACILITY OPERATOR MUST COMPLETE! **✓**

⑲ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

⑳ SHIPMENT: **✓**⑴ NAME **John D. Roy Jr., V.E.**EPA NO. **□ □ □ □ □ □**PHONE NO. **□ □ □ □ □ □**

(23)

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, labeled, packaged, marked, identified, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

TRANSPORTER **OIL PROCESS CO.**NAME **CAD O 5 0 8 0 6 8 5 0**EPA NO. **□ □ □ □ □ □**ADDRESS **5756 Alba Street PHONE NO. (213) 586-5043**CITY, STATE, ZIP **Los Angeles, California 90038**⑲ QUANTITY (If Measured) **19500**⑳ STATE FEE (If Any) **12024**⑷ HANDLING OR DISPOSAL METHOD: **✓**⑸ SURFACE IMPOUNDMENT **□ Landfill**⑹ INJECTION WELL **□ Land Treatment**⑺ TREATMENT (Specify) **✓ Recovery or Reuse**⑻ STORAGE/TRANSFER **□ Storage/Transfer**⑼ DATE **12-21-81**⑽ SIGNATURE OF AUTHORIZED AGENT AND TITLE **J. E. Roy Jr., V.E.**

(24)

14802

Ce-701-82-OPC-0092

**CALIFORNIA HAZARDOUS WASTE MANIFEST**State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814See reverse side for Instructions.  
Please type or print clearly. Press Hard.(1) Manifest Number **227-024360**(2) Generator Must Complete:  
Name **Variables Success Co.**  
Address **104 N. Orange St. #100105**  
City, State, Zip **TOLUCA, CA**

(3) Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name **Operating Distri'ct**  
EPA NO. **125-012012120121201214**  
Address **245 S. Cliffwood Ave.**  
City, State, Zip **LAUREL, MD**

(4) Alternate TSD Facility

Name \_\_\_\_\_ EPA NO. \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_(5) U.S. DOT PROPER SHIPPING NAME **Hazardous wastes**  
WASTE **Bio-Degradable Circuit Board Scum**

| WASTE | U.N. ID NO. | UN/NA ID NO. | WEIGHT OR VOLUME | UNITS | CONTAINERS NUMBER: | NAME  | NAME | UNITS   |
|-------|-------------|--------------|------------------|-------|--------------------|-------|------|---------|
|       |             |              | 4-200            | GALLS | 1                  | DRAWS | BAGS | CARTONS |

(6) WASTE CATEGORY **63**  
CONC. **Lower**  
NAME **Variables**  
LIST OF COMPONENTS: **8**(7) LIST OF COMPONENTS: **A. Bio Degradable Circuit Board Scum**  
**B. 10-077**  
**C. 8**  
**D. 8**(8) WASTE PROPERTIES: PH **8**  
LIQUID **8**  
SOLID **8**(9) PHYSICAL STATE: **Toxic**  
**Sludge**  
**Slimy**(10) SPECIAL HANDLING INSTRUCTIONS: **Gloves**  
**Goggles**  
**Respirator**(11) SPECIAL HANDLING INSTRUCTIONS: **Gloves**  
**Goggles**  
**Respirator**(12) SPECIAL HANDLING INSTRUCTIONS: **Gloves**  
**Goggles**  
**Respirator**(13) GENERATING PROCESS **Variables Process**  
SIGNATURE OF AUTHORIZED AGENT AND TITLE **Suzie Beebe**  
SIGNATURE OF AUTHORIZED AGENT AND TITLE **F. Mirella de Vera**(14) TRANSPORTER (HAULER MUST COMPLETE) **Variables**  
NAME **OIL PROCESS CO.**  
EPA NO. **CAD050806850**  
ADDRESS **5756 Alba Street**  
CITY, STATE, ZIP **Los Angeles, California 90058**(15) TSD FACILITY (FACILITY OPERATOR MUST COMPLETE)  
NAME **Variables**  
EPA NO. **CAD050806850**  
PHONE NO. **(213) 585-5063**(16) QUANTITY (IN Measured) **20711**  
STATE FEE (IN AM) **\$12.00**(17) INDICATE ANY SIGNIFICANT DISCRENCIES BETWEEN MANIFEST AND SHIPMENT:  
NAME **Variables**  
EPA NO. **CAD050806850**  
PHONE NO. **(213) 585-5063**(18) INDICATE ANY SIGNIFICANT DISCRENCIES BETWEEN MANIFEST AND SHIPMENT:  
NAME **Variables**  
EPA NO. **CAD050806850**  
PHONE NO. **(213) 585-5063**(19) INDICATE ANY SIGNIFICANT DISCRENCIES BETWEEN MANIFEST AND SHIPMENT:  
NAME **Variables**  
EPA NO. **CAD050806850**  
PHONE NO. **(213) 585-5063**(20) INDICATE ANY SIGNIFICANT DISCRENCIES BETWEEN MANIFEST AND SHIPMENT:  
NAME **Variables**  
EPA NO. **CAD050806850**  
PHONE NO. **(213) 585-5063**(21) HANDLING OR DISPOSAL METHOD:  
 Surface Impoundment  
 Landfill  
 Injection Well  
 Treatment (Specify) **Treatment**  
 Recovery or Reuse  
 Storage/Transfer(22) HANDLING OR DISPOSAL METHOD:  
 Surface Impoundment  
 Land Treatment  
 Treatment (Specify) **Treatment**  
 Recovery or Reuse  
 Storage/Transfer(23) HANDLING OR DISPOSAL METHOD:  
 Surface Impoundment  
 Land Treatment  
 Treatment (Specify) **Treatment**  
 Recovery or Reuse  
 Storage/Transfer(24) HANDLING OR DISPOSAL METHOD:  
 Surface Impoundment  
 Land Treatment  
 Treatment (Specify) **Treatment**  
 Recovery or Reuse  
 Storage/Transfer

# CALIFORNIA HAZARDOUS WASTE MANIFEST

① Manifest Number 227-024736

Health Services

State Department of Health Services

HAZARDOUS MATERIALS MANAGEMENT SECTION

HAZARDOUS MATERIALS MANAGEMENT, SACRAMENTO, CA 95814

744 P Street, Sacramento, California 95814

② Generator Name 14913

Generator Address 14913 Alba Street

City, State, Zip Los Angeles, CA 90050

Phone No. (213) 585-5063

EPA No. CAD050806850

DOT Class UN3071

Proper Shipping Name Oil Process Co.

U.S. DOT ID NO. 14913

Waste Name Used Motor Oil

Waste Description Used Motor Oil

Waste Category 42

Waste Component Oil

Physical State Liquid

Waste Properties PH

Waste Properties Solid

Waste Properties Toxic

Waste Properties Corrosive/Irritant

Waste Properties Flammable

Waste Properties Sludge

Waste Properties Gaseous

Waste Properties Respirator

Waste Properties Gloves

Waste Properties Goggles

Waste Properties Other

Waste Properties Gas

Waste Properties Slurry

Waste Properties Other

③ Approved state program or federal program California TSD Facility

④ Designated TSD Facility (Authorized to operate under an EPA No. 12029)

Address 14913 Alba Street

City, State, Zip Los Angeles, CA 90050

Phone No. (213) 585-5063

EPA No. CAD050806850

DOT Class UN3071

Proper Shipping Name Oil Process Co.

U.S. DOT ID NO. 14913

Waste Name Used Motor Oil

Waste Description Used Motor Oil

Waste Category 42

Waste Component Oil

Physical State Liquid

Waste Properties PH

Waste Properties Solid

Waste Properties Toxic

Waste Properties Corrosive/Irritant

Waste Properties Flammable

Waste Properties Sludge

Waste Properties Gaseous

Waste Properties Respirator

Waste Properties Gloves

Waste Properties Goggles

Waste Properties Other

⑤ Instructions for Instructions for instructions for handling and disposal of materials

Please type or print clearly. Press Hard.

⑥ Generator Name 14913

Generator Address 14913 Alba Street

City, State, Zip Los Angeles, CA 90050

Phone No. (213) 585-5063

EPA No. CAD050806850

DOT Class UN3071

Proper Shipping Name Oil Process Co.

U.S. DOT ID NO. 14913

Waste Name Used Motor Oil

Waste Description Used Motor Oil

Waste Category 42

Waste Component Oil

Physical State Liquid

Waste Properties PH

Waste Properties Solid

Waste Properties Toxic

Waste Properties Corrosive/Irritant

Waste Properties Flammable

Waste Properties Sludge

Waste Properties Gaseous

Waste Properties Respirator

Waste Properties Gloves

Waste Properties Goggles

Waste Properties Other

⑦ Signature of Generator J. Mireles

Date 6-14-92

Signature of Generator J. Mireles

Date 6-14-92

Signature of Generator J. Mireles

Date 6-14-92

**TANK #1**

**CALIFORNIA HAZARDOUS WASTE MANIFEST**

See reverse side for Instructions.  
Please type or print clearly. Press Hard.

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest Number **227-025068**

② GENERATOR (Generator Must Complete)

Name **Douglas Aircraft Co.**  
EPANo. **CAD086510005**  
Address **407 Grandview Ave.**  
City, State, Zip **Torrance, CA 90502**

⑥ U.S. DOT PROPER SHIPPING NAME **WASTEDISPOSABLE Coolant And Hazardous Waste**  
Hazard Class **3**  
UN/NA ID No. **12024**

⑦ WASTE CATEGORY **43**

LIST COMPONENTS:  
⑧ A. **Bro-Desendable Counter** **97**  
⑨ B. **Water** **97**  
C. \_\_\_\_\_  
D. \_\_\_\_\_

⑩ WASTE PROPERTIES: pH **B** **Toxic**  Flammable  Corrosive/Irritant  Reactive  Sensitizer  Carcinogen/Mutagen

⑪ PHYSICAL STATE:  Solid  Liquid  Sludge  Slurry  Gas  Other **Adust**

⑫ SPECIAL HANDLING INSTRUCTIONS:  Gloves  Goggles  Respirator  Other **Adust**

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

TRANSPORTER (HAULER MUST COMPLETE)

NAME **OIL PROCESS CO.**  
EPANo. **CAD050806850**  
ADDRESS **6768 Alba Street** PHONE NO. **(213) 585-5003**  
CITY, STATE, ZIP **Los Angeles, California 90058**

⑯ FACILITY (FACILITY OPERATOR MUST COMPLETE)

NAME **Oil Process Co.**  
EPANo. **CAD050806850**  
PHONE NO. \_\_\_\_\_

⑰ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

⑲ NAME **2** P.A.N.O. **2**  
⑳ WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: **2**

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

④ Alternate TSD Facility

Name **BKK LANDFILL**

EPA No. **CAD067796749**  
Address **210 S. Azusa Ave.**  
City, State, Zip **West Covina, CA 91793**

|                    |                                     |                          |                          |
|--------------------|-------------------------------------|--------------------------|--------------------------|
| CONTAINERS NUMBER: | DRUMS                               | BAGS                     | CARTONS                  |
| TYPE:              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

⑤ EX. HAZ. WASTE PERMIT NO. **3-2745**

⑥ GENERATING PROCESS **Machinaria Process**  
RANGE UNITS CONC. UNITS RANGE UNITS CONC. UNITS  
LOWER UPPER ppm. E. \_\_\_\_\_ ppm. % ppm.  
A. **3** **100** **10%** **100** **10%** **10%** **100** **10%**  
B. **97** **100** **10%** **100** **10%** **10%** **100** **10%**  
C. \_\_\_\_\_ **100** **10%** **100** **10%** **10%** **100** **10%**  
D. \_\_\_\_\_ **100** **10%** **100** **10%** **10%** **100** **10%**  
E. \_\_\_\_\_ **100** **10%** **100** **10%** **10%** **100** **10%**  
F. \_\_\_\_\_ **100** **10%** **100** **10%** **10%** **100** **10%**  
G. \_\_\_\_\_ **100** **10%** **100** **10%** **10%** **100** **10%**  
Non Hazardous Material **100** **%**

⑦ SIGNATURE OF AUTHORIZED AGENT AND TITLE **Hercatay And Bryan**  
Signature of Authorized Agent and Title **9-16-82**  
Date Shipped **9-16-82**

⑧ HANDLING OR DISPOSAL METHOD:

Surface Impoundment  Landfill  
 Injection Well  Land Treatment  
 Treatment (Specify)  Recovery or Reuse  
 Storage/Transfer

**2** *[Signature]*

⑨ PHONENO. **2**

P.A.N.O. **2**

BOE-C6-0119780

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